

REPORTER'S RECORD

74145

VOLUME 62 OF 65 VOLUMES—

TRIAL COURT CAUSE NO. F00-02424-NM

THE STATE OF TEXAS : IN THE DISTRICT COURT  
VS. : DALLAS COUNTY, TEXAS  
JEDIDIAH ISAAC MURPHY : 194TH JUDICIAL DISTRICT

\*\*\*\*\*

EXHIBIT VOLUME

FILED IN  
COURT OF CRIMINAL APPEALS

\*\*\*\*\*

DEC 5 2001

A P P E A R A N C E S:

HONORABLE BILL HILL, Criminal District Attorney  
Crowley Criminal Courts Building  
Dallas, Dallas County, Texas 75207  
Phone: 214-653-3600  
BY: MR. GREG DAVIS, A.D.A., SBOT # 05493550  
MS. MARY MILLER, A.D.A., SBOT # 21453200  
FOR THE STATE OF TEXAS;

MS. JANE LITTLE, Attorney at Law, SBOT # 12424210  
MR. MICHAEL BYCK, Attorney at Law, SBOT # 03549500  
MS. JENNIFER BALIDO, Attorney at Law, SBOT # 10474880  
Dallas County Public Defender's Office  
Phone: 214-653-9400  
FOR THE DEFENDANT.

\*\*\*\*\*

On the 26th day of February, through the 30th day of  
June, 2001, the following proceedings came on to be heard in  
the above-entitled and numbered cause before the Honorable F.  
Harold Entz, Jr., Judge presiding, held in Dallas, Dallas  
County, Texas: Proceedings reported by machine shorthand,  
computer assisted transcription.

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State's Exhibit Number 73  
Wadley Hosptial Records  
(Copy attached)

F00-02424-M

THE STATE OF TEXAS

V.

JEDIDIAH ISAAC MURPHY

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IN THE 194<sup>TH</sup> JUDICIAL

DISTRICT COURT OF

DALLAS COUNTY, TEXAS

AFFIDAVIT

STATE OF

COUNTY OF

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BEFORE ME, the undersigned authority, on this day personally appeared

who being by me duly sworn, deposed as follows:

"My name is Ladonell Wadley, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

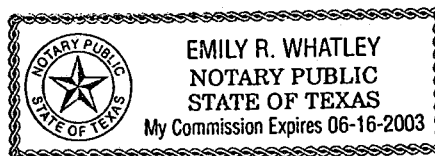
I am the custodian of the records of Wadley Regional Medical Center Attached hereto are 46 pages of records from Wadley Regional Medical Center These said 46 pages of records are kept by Wadley Regional Medical Center in the regular course of business, and it was the regular course of business of Wadley Regional Medical Center for an employee or representative of Wadley Regional Medical Center with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original."

Laurel B. Whitten RHIT  
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME this 30<sup>th</sup> day of January, <sup>2001</sup> ~~2000~~, to <sup>EW</sup>  
certify which witness my hand and seal of office.

Emily R. Whitley  
Notary Public in and for  
Bowie County, Texas

My Commission Expires:  
06-16-2003





# SMART

**CORPORATION**

## Health Information Outsourcing Services

Dear Requestor:

The enclosed health information was provided to you by Smart Corporation's health information outsourcing service. We are under agreement with the medical facility to release all authorized copies of medical records. Smart will continue to copy records that you request from this facility or, if you prefer, you may make arrangements for one of your own personnel or an independent copy service to copy the requested records. However, you must obtain prior permission and schedule an appointment with the medical records department in advance.

If you have any questions regarding the enclosed records, please contact Smart Corporation's area office listed below:

**Smart Corporation**  
**Gloria McLaughlin, Hospital Manager**  
**106 Stately Point**  
**Hot Springs, AR 71913**  
**(800)748-1372**

These photocopies have been made from the medical facility's original records. The confidentiality of these records is protected by federal and other law. These copies are intended exclusively for the requested purpose and cannot be recopied or redistributed for other purposes without the written informed consent of the person to whom it pertains.

- ( ) The \_\_\_\_\_ information you requested is not enclosed because it was not present in the medical record at the time we received your request.
- ( ) These records were reproduced from microfilm; their quality cannot be guaranteed.
- ( ) Your request for an itemized billing statement/x-ray films was forwarded to the appropriate department and will be sent under separate cover from that department.
- ( ) You requested all medical records. Please be advised, however, that this file contained some information that cannot be released without a specific patient authorization. Please contact the patient for such an authorization. If the patient has questions about the need for specific authorization, he or she must contact the medical records department of the facility.

If you would like more information about

### **Smart Corporation's Health Information Outsourcing Services**

for your medical facility, please complete  
the following and mail to:

Smart Corporation  
P.O. Box 1813  
Alpharetta, GA 30005  
Attn: Leah Rogers

Facility Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ # of Physicians \_\_\_\_\_

Specialty \_\_\_\_\_

# of Beds \_\_\_\_\_ # of Admits \_\_\_\_\_

Your Name \_\_\_\_\_

Title \_\_\_\_\_

IN RE INVESTIGATION

OF

JEDIDIAH ISAAC MURPHY

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IN THE GRAND JURY OF

DALLAS COUNTY, TEXAS

OCTOBER TERM, A.D., 2000

**LAW ENFORCEMENT AGENCY REQUEST FOR  
APPLICATION FOR ISSUANCE OF SUBPOENA DUCES TECUM  
SUMMONING PERSON TO APPEAR BEFORE GRAND JURY**

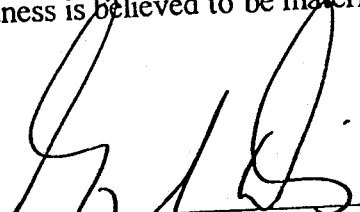
TO THE FOREMAN OF THE GRAND JURY OF DALLAS COUNTY:

I, Gregory S. Davis, an Assistant District Attorney for Dallas County, Texas, do hereby request that the Foreman of the Grand Jury of the County of Dallas, State of Texas make application to the District Court of Dallas County for issuance of a subpoena duces tecum summoning Lanelle Walters of Wadley Regional Medical Center, Bowie County, Texas, to appear before the Dallas County Grand Jury and to produce the following records or documents for use in a legitimate law enforcement investigation which is being conducted under auspices of the Grand Jury:

- (1) Any and all records regarding Jedidiah Isaac Murphy, D.O.B. 9/1/75, SSN 456-71-2610.
- (2) Any and all records regarding Matthew (Matt) Murphy, SSN 456-71-2610.

I hereby certify that the testimony of the said witness is believed to be material.

*Att: Willie Richardson*

  
GREGORY S. DAVIS  
Assistant District Attorney  
Frank Crowley Courts Building  
133 N. Industrial Blvd., LB 19  
Dallas, Texas 75207-4399  
(214) 653-3600



1000 PINE ST. · TEXARKANA, TX 75501

## ADMITTING RECORD/SUMMARY

ADM. TH

In-Obs.

<b>PATIENT NAME AND ADDRESS</b> MURPHY, MATTHEW 501B W WALTERS NEW BOSTON, TX 75570		<b>PATIENT PHONE</b> 903-628-4129 <b>SOCIAL SEC. #</b> 000-00-0000 <b>DATE OF BIRTH</b> 09/18/75	<b>ROOM</b> 495/1 <b>RELIGION</b>  <b>AGE</b> 20 <b>SEX</b> M	<b>PATIENT ACCT. #</b> W02423929 <b>RACE</b> C <b>MARITAL STATUS</b> S	<b>PATIENT MPI #</b> M0089550 <b>LOCATION/SERVICE</b> OBSV <b>FC</b> S08	
<b>GUARANTOR NAME AND ADDRESS</b> MURPHY, MATTHEW 501B W WALTERS NEW BOSTON, TX 75570 <b>PHONE</b> 903-628-4129 <b>REL</b> S <b>EMPLOYER</b> UNEMPLOYED <b>SOCIAL SEC. #</b> 000-00-0000		<b>EMERGENCY NOTIFY</b> DELOZIER, RUBY <b>NEXT OF KIN</b> ABBOTT, HOPE		<b>REL</b> GM <b>REL</b> M <b>PHONE</b> 903-628-4129 <b>PHONE</b> 214-962-744	<b>ADMIT PHYSICIAN</b> Dehaan, Jeffrey T. <b>REFERRING PHYSICIAN</b> Dehaan, Jeffrey T. <b>ADMITTING PHYSICIAN</b> Dehaan, Jeffrey T. <b>ADMIT DATE</b> 09/18/75 <b>TIME</b> 1754 <b>SOURCE</b> ER <b>TYPE</b> ER <b>DISCHARGED</b> 9-14-96 <b>TIME</b>  <b>BURSHOT WOUND LEFT HAND</b> <b>NURSING STATION</b>  <b>DIED</b> <input type="checkbox"/> <b>UNDER 48 HRS.</b> <input type="checkbox"/> <b>OVER 48 HRS.</b> <b>AUTOPSY</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <b>ICD9/CPT CODES</b> 882.1 E917.9 82.0 86.05 9/13 82.12 19/20 26037 Dehaan Her Robinson	
<b>PRIMARY INSURANCE</b> NO INSURANCE PRE-CERT.		<b>SUBSCRIBER</b>  <b>EMPLOYER</b>  <b>POLICY #</b>  <b>EFFECT. DATE</b>  <b>EXP. DATE</b>  <b>SS #</b>  <b>REL</b>  <b>GROUP #</b>  <b>SECONDARY INSURANCE</b> PRE-CERT.		<b>SUBSCRIBER</b>  <b>EMPLOYER</b>  <b>POLICY #</b>  <b>EFFECT. DATE</b>  <b>EXP. DATE</b>  <b>SS #</b>  <b>REL</b>  <b>GROUP #</b>  <b>OTHER INSURANCE</b> PRE-CERT.		<b>SUBSCRIBER</b>  <b>EMPLOYER</b>  <b>POLICY #</b>  <b>EFFECT. DATE</b>  <b>EXP. DATE</b>  <b>SS #</b>  <b>REL</b>  <b>GROUP #</b>  <b>COMMENTS</b> FACILITY CODE: TX01 NEW MPI VERI NO INS, UNABLE TO PAY <b>DIAGNOSIS/PROCEDURES</b>

D2423929

## Release of Information

Texas law requires Wadley Regional Medical Center to let you choose whether you want basic information about your stay in the hospital to be given out. No matter what you choose to do, information about your condition will remain confidential.

INITIAL ONE OF THE FOLLOWING:

1 gm "Information Patient"

- \* We can confirm that you are a patient in our hospital.
- \* You will be able to receive flowers and mail.
- \* You will be able to receive phone calls.
- \* We will be able to tell visitors, pastors and callers what room you are in.
- \* Your name will appear on all patient lists that are used throughout the Medical Center.

"Non-Information Patient"

- \* We will not let anyone know you are a patient in our hospital, except as required by law.
- \* You will not receive mail, phone calls, or flowers.
- \* If a visitor comes to see you, we will not be able to tell them your room number, and so they cannot visit you unless you tell them your room number.
- \* Your name will not appear on any patient lists other than those required for your care.

Signature: Matthew Murphy  
(Patient or Legally Authorized Representative)

Date: 9-13-96

Printed Name: Matthew Murphy

(2)

Name Matthew MurphyAccount Number WD2423929

WADLEY REGIONAL MEDICAL CENTER  
P. O. Box 1878  
Texarkana, Texas 75504  
(903) 798-8000  
**UNIVERSAL CONSENT FOR TREATMENT**

**MEDICAL AND SURGICAL CONSENT:** The undersigned (patient or patient's representative) consents to any x-ray examination, laboratory procedures (including testing for communicable diseases such as hepatitis, venereal disease, Acquired Immune Deficiency Syndrome (AIDS), anesthesia, medical or surgical treatment or hospital services rendered the patient under the general and special instructions and orders of the physician. The undersigned recognizes that all doctors of medicine, dentists and other members of the Medical and Allied Health Staff furnishing services to the patient, including, among others, radiologists, pathologists, anesthesiologists, anesthetists, and the like, are not employees or agents of Wadley Regional Medical Center ("the hospital").

**PERSONAL BELONGINGS:** It is understood and agreed that the hospital maintains a safe for the safekeeping of money and valuables and the hospital shall not be liable for the loss or damage of any money, jewelry, glasses, dentures, documents or other articles unless placed therein.

**FINANCIAL RESPONSIBILITY/INSURANCE ASSIGNMENT:** I assign to the Hospital any benefits payable for my treatment under hospitalization, medical, dental, accident, or any other form of benefits that I may be entitled to including coverage under any type of plan, trust, or fund that provides benefits to me. I assign such benefits whether they are provided to me as an employee or otherwise and whether such benefits are insured or not insured. I permit any such assignment of benefits that is permissible under state or federal law. If my treatment was caused by events which result in legal action, I assign to the Hospital an interest in any claims I may have. This assignment is for the total owed the Hospital and also authorizes applicable health care benefits, if any, be paid to licensed physicians, individuals, or groups, who perform services for my care and treatment at the Hospital. I understand that I am ultimately responsible for this account, regardless of any amount my insurance and/or Workers' Compensation may pay.

**STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER, PHYSICIANS, AND PATIENTS:** I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment to me.

**RELEASE OF INFORMATION:** I authorize the Hospital to release any medical information requested by my treating physicians or representatives of local, state, or federal agencies, insurance companies, or other organizations or entities as may be required for payment of claims which are due the Hospital or my treating physicians as a result of this hospital visit. I further authorize the Hospital to release any medical information to entities utilizing this information for quality management, peer review and/or outcome analysis such as tumor registry follow-up. I understand information to be released may include history, diagnosis, mental illness, or communicable disease. I understand that this authorization may be revoked by the person giving authorization by written and dated notice, except to the extent that disclosure of information has been made prior to receipt of revocation. I authorize the Hospital to release my home address, telephone number, and Social Security number to the manufacturers of the medical devices I receive.

**PATIENT RIGHTS:** I understand a list of patient rights is in the patient handbook and upon request I will be provided telephone numbers to file a complaint. I have been advised I can be admitted as an anonymous patient. If I choose to be anonymous I will receive no visitors, no mail, no flowers and no phone calls.

**I HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND ON THE BACK OF THIS FORM.**

Matthew Murphy  
Patient Signature

Matthew Murphy  
Insured Signature

Murphy Murphy  
Responsible Party Signature

Self  
Relation to Patient

9-13-96  
Date of Signature

Wm  
Witness

Reason if Patient is unable to Sign:

☐ Minor (under 18 years)

☐ Physical Condition

☐ Mental Condition



## AN IMPORTANT MESSAGE TO MEDICARE

### YOUR RIGHTS WHILE YOU ARE A MEDICARE HOSPITAL PATIENT

- You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal law, your discharge date must be determined solely by your medical needs, not by "DRGs" or Medicare payments.
- You have the right to be fully informed about decisions affecting your Medicare coverage and payment for your hospital stay and for any post-hospital services.
- You have the right to request a review by a Peer Review Organization of any written Notice of Noncoverage that you receive from the hospital stating that Medicare will no longer pay for your hospital care. Peer Review Organizations (PROs) are groups of doctors who are paid by the Federal Government to review medical necessity, appropriateness and quality of hospital treatment furnished to Medicare patients. The phone number and address of the PRO for your area are:

Texas Medical Foundation  
901 Mopac Expressway South, Suite 200, Austin, Texas 78746  
Telephone: 1-800-725-8315

### TALK TO YOUR DOCTOR ABOUT YOUR STAY IN THE HOSPITAL

You and your doctor know more about your condition and your health needs than anyone else. Decisions about your medical treatment should be made between you and your doctor. If you have any questions about your medical treatment, your need for continued hospital care, your discharge, or your need for possible post-hospital care, don't hesitate to ask your doctor. The hospital's patient representative or social worker will also help you with your questions and concerns about hospital services.

### IF YOU THINK YOU ARE BEING ASKED TO LEAVE THE HOSPITAL TOO SOON

- Ask a hospital representative for a written notice of explanation immediately, if you have not already received one. This notice is called a "Notice of Noncoverage". You must have this Notice of Noncoverage if you wish to exercise your right to request a review by the PRO.
- The Notice of Noncoverage will state either that your doctor or the PRO agrees with the hospital's decision that Medicare will no longer pay for your hospital care.
  - If the hospital and your doctor agree, the PRO does not review your case before a Notice of Noncoverage is issued. But the PRO will respond to your request for a review of your Notice of Noncoverage and seek your opinion. You cannot be made to pay for your hospital care until the PRO makes its decision if you request the review by noon of the first work day after you receive the Notice of Noncoverage.
  - If the hospital and your doctor disagree, the hospital may request the PRO to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation the PRO must agree with the hospital or the hospital cannot issue a Notice of Noncoverage. You may request that the PRO reconsider your case after you receive a Notice of Noncoverage but since the PRO has already reviewed your case once, you may have to pay for at least one day of hospital care before the PRO completes this reconsideration.

**IF YOU DO NOT REQUEST A REVIEW, THE HOSPITAL MAY BILL YOU FOR ALL THE COSTS OF YOUR STAY BEGINNING WITH THE THIRD DAY AFTER YOU RECEIVE THE NOTICE OF NONCOVERAGE. THE HOSPITAL, HOWEVER, CANNOT CHARGE YOU FOR CARE UNLESS IT PROVIDES YOU WITH A NOTICE OF NONCOVERAGE.**

### HOW TO REQUEST A REVIEW OF THE NOTICE OF NONCOVERAGE

- If the Notice of Noncoverage states that your physician agrees with the hospital's decision:
  - You must make your request for review to the PRO by noon of the first work day after you receive the Notice of Noncoverage by contacting the PRO by phone or in writing.
  - The PRO must ask for your views about your case before making its decision. The PRO will inform you by phone and in writing of its decision on the review.
  - If the PRO agrees with the Notice of Noncoverage, you may be billed for all costs of your stay beginning at noon of the day after you receive the PRO's decision.
  - Thus, you will not be responsible for the cost of hospital care before you receive the PRO's decision.
- If the Notice of Noncoverage states that the PRO agrees with the hospital's decision:
  - You should make your request for reconsideration to the PRO immediately upon receipt of the Notice of Noncoverage by contacting the PRO by phone or in writing.
  - The PRO can take up to three working days from receipt of your request to complete the review. The PRO will inform you in writing of its decision on the review.
  - Since the PRO has already reviewed your case once, prior to the issuance of the Notice of Noncoverage, the hospital is permitted to begin billing you for the cost of your stay beginning with the third calendar day after you receive your Notice of Noncoverage even if the PRO has not completed its review.
  - Thus, if the PRO continues to agree with the Notice of Noncoverage, you may have to pay for at least one day of hospital care.

NOTE: The process described above is called "immediate review". If you miss the deadline for this immediate review while you are in the hospital, you may still request a review of Medicare's decision to no longer pay for your care at any point during your hospital stay or after you have left the hospital. The Notice of Noncoverage will tell you how to request this review.

**POST-HOSPITAL CARE:** When your doctor determines that you no longer need all the specialized services provided in a hospital, but you still require medical care, he or she may discharge you to a skilled nursing facility or home care. The discharge planner at the hospital will help arrange for the services you may need after your discharge. Medicare and supplemental insurance policies have limited coverage for skilled nursing facility care and home health care. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult your doctor, hospital discharge planner, patient representative and your family in making preparations for care after you leave the hospital. Don't hesitate to ask questions.

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REG. 1ST, DISCLOSURE AND CONSENT FOR  
MEDICAL AND SURGICAL PROCEDURES

**MUSCULOSKELETAL / NERVOUS**

Murphy, Matthew

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

☒ (We) voluntarily request Dr. De Huan as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as: Gunshot wound to left hand

☒ (We) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: Explore hand; Incision of hand to relieve pressure; Remove bullet

☒ (We) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (We) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgement.

☒ (We) (do) (do not) consent to the use of blood and blood products as deemed necessary.

☒ (We) understand that no warranty or guarantee has been made to me as to result or cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (We) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I (We) also realize that the following risks and hazards may occur in connection with this particular procedure:

Furthermore, I request and authorize the administration of anesthesia and/or conscious sedation to be applied by or under the direction of Dr. Watson, Robinson, Hubbard and the

(Name of Anesthesiologist /Physician)

use of such anesthetics as he may deem advisable, with the exception of \_\_\_\_\_.

☒ (We) understand that anesthesia involves additional risks and hazards but ☒ (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. ☒ (We) realize the anesthesia may have to be changed possibly without explanation to me (us).

☒ (We) understand that certain complications may result from the use of anesthetics including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I (We) understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain.

\* ☒ (We) hereby authorize Wadley Regional Medical Center's pathologist to use his discretion in the disposal of any tissue removed. Specify any exception: \_\_\_\_\_

☒ (We) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

☒ (We) certify this form has been fully explained to me, that I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

Date: 9-13-96

Matthew Murphy  
(Signature of patient or signature of person assuming legal responsibility)

Time: 1:35 A.M.  
P.M.

Witness: John R. / Roni Storn

\* Copy of consent must accompany tissue to Pathology on any exceptions.

(5)

## DISCLOSURE AND CONSENT MEDICAL AND SURGICAL PROCEDURES

### Musculoskeletal System Treatments and Procedures:

1. Impaired function such as shortening or deformity of an arm or leg, limp or foot drop.
2. Blood vessel or nerve injury.
3. Pain or discomfort
4. Fat escaping from bone with possible damage to a vital organ.
5. Failure of bone to heal.
6. Bone infection.
7. Removal or replacement of any implanted device or material.
8. Failure of reconstruction to work.
9. Continued loosening of the joint.
10. Degenerative arthritis.
11. Continued pain.
12. Increased stiffening.
13. Cosmetic and / or functional deformity.
14. Growth deformity (children).
15. Additional surgery.

### Nervous System Treatments and Procedures:

16. Additional loss of brain function including memory.
  17. Recurrence or continuation of the condition that required this operation.
  18. Stroke.
  19. Blindness, deafness, inability to smell, double vision, coordination loss, seizures, pain, numbness and paralysis.
  20. Numbness, impaired muscle function or paralysis.
  21. Pain, numbness or clumsiness.
  22. Impaired muscle function.
  23. Incontinence or impotence.
  24. Unstable spine.
  25. Injury to major blood vessels.
  26. Continued; increased or different pain.
  27. Loss of brain function.
  28. Spinal fluid leak.
  29. Necessity for hormone replacement.
  30. Nasal septal deformity or perforation.
  31. Shunt obstruction or infection.
  32. Recurrence or continuation of brain dysfunction.
  33. Seizure disorder.
- (6)



## DISCLOSURE AND AGREEMENT FOR - BLOOD TRANSFUSION

To: Dr. Dehaan and Wadley Regional Medical Center.Date: 9-13-96Time: 1435

(I/We) understand that a transfusion of whole blood or blood products is planned for (me) or (name of patient) Matthew Murphy as may be deemed advisable in the judgment of the attending physician, his associates or assistants; and I (we) voluntarily consent to and authorize this transfusion and the use of blood and blood products as deemed necessary.

(I/We) understand that no warranty or guarantee has been made to me (us) as to result or cure or as to fitness or quality of the blood or blood products which may be transfused.

(I/We) realize that common to surgical, medical and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reaction and even death. I (We) also realize that the following risks and hazards, among others, may occur in connection with a transfusion of blood or blood products, in spite of the exercise of due care:

Fever;

Transfusion reaction which may include kidney failure or anemia;

Heart Failure;

Hepatitis;

AIDS (Acquired Immune Deficiency Syndrome);

Other Infections.

It is understood and expressly agreed that blood and/or blood products supplied in accordance with this disclosure and agreement are provided incidental to the rendering of medical services.

(I/We) have been given an opportunity to ask questions about the contemplated transfusion and the treatment, risks and procedures to be used and I (we) believe that I (we) have sufficient information to give this informed consent.

(I/We) certify that this form has been fully explained to me (us) and that I (we) have read it or have had it read to me (us), that the blank spaces have been filled in, and that I (we) understand its content.

Signed: Matthew Murphy

(Patient) (Other Legally Responsible Person)

(Relationship)

Witness: S. D. [Signature]Witness: [Signature]

DC

**WADLEY REGIONAL  
MEDICAL CENTER**

**HISTORY AND PHYSICAL EXAMINATION**

PT. NAME: MURPHY, MATTHEW

ACCT. #: W02423929

MR UNIT #: M0089550

ADMISSION DATE: 09/13/96

ROOM #: 495

DISCHARGE DATE:

**ADMISSION DIAGNOSIS:**

Gunshot wound left hand, volar entrance with paresthesias to the hand.

HPI: This is a thin man who shot himself in left hand in the volar entrance area. He presented to the Emergency Room in New Boston and was transferred here, told to get a doctor who specializes in hand problems. He presents to the Emergency Room here with a swollen hand, tender, with paresthesias in the long, ring, and 5th fingers.

PMH: Negative.

**PHYSICAL EXAMINATION:**

GENERAL: Healthy skinny gentleman.

VITAL SIGNS: Stable.

LUNGS: Clear.

ABDOMEN: Non-tender.

ORTHO: He has a volar entrance wound pretty much smack in the middle of the palm. You can palpate the pellet in the dorsal aspect of the hand. He does have decreased sensation to the 3rd, 4th, and 5th digits. The index and thumb are OK. He has good flexor tendon flexion to all digits. Good capillary refill of the fingers.

PLAN: At this time he will be admitted for incision and drainage of the palmar area. Also, want to remove the bullet as well we are going to be there.

  
Jeffrey T. DeHaan

D: DEHJT      T: DA  
DD: 09/13/96      DT: 09/13/96

8

MURPHY, MATTHEW

W02423083

20

09/13/75

M

S

DR DEHAAN, JEFFREY, T.

/13/95 H0033550

Wadley Regional Medical Center  
Texarkana, Texas

## PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
	Admit
9/13/96	20 y/o - 6SW @ hand - volar entrance -
	Exam - P swelling to hand & pain
	- Numb - sensory to II, III, V
	- motor okay
	- No pain & passive flex
	X-ray - pellet dorsally; no fr.
	Plan - To OR for Exploration /
	Removal pellet / fasciotomy.

Wadley Regional Medical Center  
Texarkana, Texas

**PROGRESS NOTES**

**DATE**

**PROGRESS NOTES SHOULD BE SIGNED BY PHYSICIAN**

**TIME**

Wadley Regional Medical Center  
Texarkana, Texas

PROGRESS NOTES

PURPHY, MATTHEW  
W02423923  
03/13/75  
03 DEHAAN, JEFFREY, J.  
03/13/75 W0093550

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
9/14/96	
	No temp.
	Wound dry
	10 & v still numb, but III better
	Will D/C today and
	N on Tuesday

## DATE \_\_\_\_\_

**NOTES SHOULD BE SIGNED BY PHYSICIAN**

1111

RUN DATE: 09/14/96  
 RUN TIME: 0040

Wadley Regional Medical Cen  
 1000 Pine Street  
 Texarkana, TX 75501

PAGE 1

## Cumulative Summary Report

Med/Surg (4N)

PATIENT: MURPHY, MATTHEW	ACCT #: W02423929	LOC: 4N	U #: M0089550
REG DR: DeHaan, Jeffrey T.	AGE/SX: 20/M	ROOM: 495	REG: 09/13/96
	STATUS: ADM INo	BED: 1	DIS:

## HEMATOLOGY

Date	9-13-96	Reference	Units
Time	1545		
WBC	9.3	(4.5-13.0)	K/mm3
RBC	4.72	(4.60-6.20)	M/mm3
HGB	15.3	(14.0-18.0)	gm/dL
HCT	43.5	(42.0-52.0)	%
MCV	92.2	(80-94)	fL
MCH	32.4	(27-33)	pg
MCHC	35.2	(33-37)	g/dl
RDW	13.2	(11.5-14.5)	%
PLT	245	(130-400)	K/mm3
MPV	7.8	(7.4-10.4)	fL
CELLS COUNTED	100		#CELLS
POLY	66	(42.2-75.2)	%
BAND	4	(0.0-8.0)	%
LYMPH	21	(15.0-41.0)	%
MONOCYTE	6	(1.7-9.3)	%
EOS	3	(0-4.5)	%
PLT EST	NRML		

Patient: MURPHY, MATTHEW

Age/Sex: 20/M

Acct#W02423929

Unit#M0089550

(13)

**WADLEY REGIONAL  
MEDICAL CENTER**

1000 PINE STREET • TEXARKANA, TEXAS 75501

NAME: MURPHY, MATTHEW  
PHYS: Gillean, Myra  
DOB: 09/18/75 AGE: 20 SEX: M  
ACCT: W02423929 LOCATION: 495 1  
EXAM DATE: 09/13/96 STATUS: DIS  
RADIOLOGY NO:  
UNIT NO: M0089550

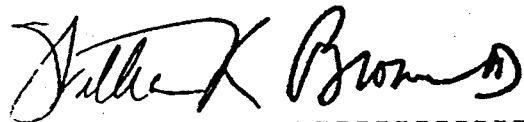
EXAMS: 000048318 HAND LEFT

LEFT HAND: #1

Multiple views of the left hand show a subcutaneous opacity consistent with pellet located within the dorsum of the hand, at the level of the third and fourth metacarpals, proximal aspect. There is no evidence of fracture. There is extensive subcutaneous emphysema in the palmar and dorsal regions of the left hand.

IMPRESSION:

SUBCUTANEOUS FOREIGN BODY IN LEFT HAND AS DESCRIBED, PRESENT IN CONJUNCTION WITH SUBCUTANEOUS EMPHYSEMA. NO FRACTURE IS EVIDENT.



WILLIAM R. BROWN, M.D.

CC: Myra Gillean, M.D.

TRANSCRIBED DATE/TIME: 09/14/96 (1352)

TRANSCRIPTIONIST: RAD.ROBTIN

PRINTED DATE/TIME: 09/14/96 (1538)



Wadley Regional Medical Center  
ANESTHESIA RECORD

W02423929  
MURPHY, MATTHEW  
2040 W/m

Surgeon: DEHAAN

Assist: (X)

OP Proposed: EXPLORE (L) HAND

OP Performed: SAME

DX: GSW (L) HAND

EKG MONITORS

Dinamap R L

Temp NMBM

A-Line

PCS - ESO ST

F102 ETCO2 O2Sat

Other

Date: 91396

INTUBATION		ASA STATUS	
NTT	ETT 7.5	(1)	4
BBSNSS	TAPED	2	5
EYES	LTA	3	(E)
LACRILUBE	XYLOCAINE JELLY		

SPINAL  
LUMBAR EXTRADURAL  
CAUDAL EXTRADURAL  
CONTINUOUS  
DIFFICULT  
VASOCONST.  
SATISF.  
UNSATISF.  
SITTING POSITION  
LATERAL DECUBITUS  
PRONE POSITION  
MIDLINE APPROACH  
LATERAL APPROACH

INTERSPACE  
PARESTHESIA

CSF

CLEAR BLOODY

NERVE BLOCKS

HEAD

NECK

UPPER: BR. PL.

UPPER: BIER

TRUNK: INTERCOSTAL

TRUNK: PARAVENT.

TRUNK: SYMP.

TRUNK: OTHER

LOWER:

GAUGE NEEDLE

HUBER POINT

LOCAL ANESTHETICS

TETRACAIN mg

CHLOROPROCAINE mg

LIDOCAINE/GLU mg

LIDOCAINE mg

MEPIVACAIN mg

BUPIVACAIN mg

PROCAINE mg

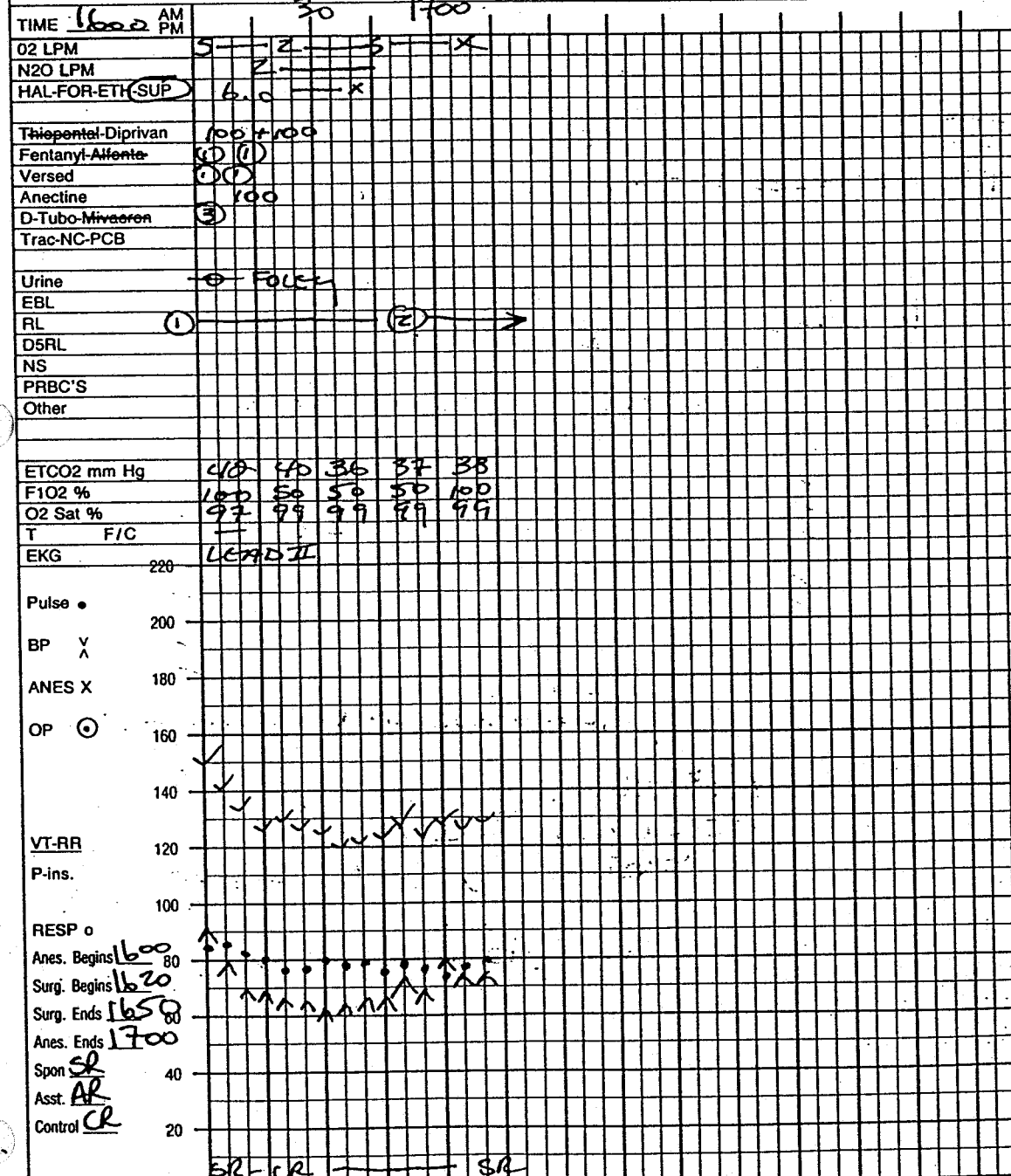
DEXTROSE mg

EPINEPHRINE mg

PREP

BETADINE

OTHER



T ↑ 1622  
T ↓ 1643  
250 Torr  
C

Total Fluids

Blood

RL 1300 ML

D5RL

NS

Other

Regonol/Neostigmine

Atropine/Robinul

Edrophonium

Narcan

Mazicon

Dopram

PACU Assessment

Time 1700

BP 154/93 P 89

R 22 O2 SAT 98

REMARKS In (R) A-C, PRE-O2 x 5 mins, RSI E SELWICK'S, BUP'S

TAPE ↓ DU

A.C. 2

## PRE-ANESTHESIA ASSESSMENT:

Date 9/13/96 Time 01530 CHIEF COMPLAINT PSPERFASOL  
 Pertinent Past History: (CV, Pulm, Hep, GU, GI, Neuro) CHITUM, PHAGOM  
EXAMS good genic health  
 Heart-Lung-Airway Exam ATE @ 1200  
 Previous Anesthetic Experience FAH neg  
 Allergies Iodine  
 Current Medications ---  
 Pertinent Physical Findings: B.P. --- Pulse --- Resp. --- Temp --- Wt. --- Ht. ---  
 EKG --- Chest X-ray ---  
 Hgb/Hct --- K --- Na --- BUN/CR --- Bl Sgr ---  
 A.S.A. Classification 1 2 3 4 5 E Anesthetic Proposed GA Regional --- Mac ---  
 Comment Req GATA - Refuses Regional

lunmus CRNA

Q Robinson

M.D.

## IMMEDIATE PRE-ANESTHETIC CHECK LIST:

Date: 9/13/96Time 1600Machine # D Room # 3

## Drugs Available

Machine check out ☒ Yes ☐ No

## Equipment

☒ Laryngoscope Tested  
☒ ET Tubes Tested  
☒ Stylet Ready  
☒ Airways Ready  
☒ Suction On  
☐ Other ---

☒ Fluids  
☒ Induction Agents  
☒ Muscle Relaxants  
☒ Cardiovascular  
☒ Muscle Relaxant Antagonist  
☒ Narcotic Antagonist  
☒ Endotracheal tube lubricant  
☒ Eye Ointment  
☐ Other ---

## Patient:

Identification: ☒ Verbal  
☐ Bracelet  
☐ Permit signed

NPO 24 Hrs > 8 hours  
 Dentures ☐ Out ☐ In ☐ N/A  
 Pre-op Med ☐ Yes ☐ No ☐ N/A  
 Adequate Pre-op ☐ Yes ☐ No ☐ N/A  
 Assessment Reviewed ☐ Yes ☐ No  
 Condition Unchanged ☐ Yes ☐ No  
 Blood Available ☐ N/A ☐ No ☐ Yes

Q Robinson M.D. lunmus SIGNATURE

## POST-ANESTHESIA ASSESSMENT

Date 9-13-96Time ---

Post-anesthetic abnormalities or complications

Pt awake / responsive  
Stable p & lines status

Q Robinson M.D. SIGNATURE

(16)



CA: Time:	Drug:	<input type="checkbox"/> NA	Epidural Pain Control:	<input type="checkbox"/> NA
ic	Repeat Bolus:		Spinal / Epidural Blocks:	<input type="checkbox"/> NA
CA Settings:			Level:	
			Pulses Present:	
Discharge Pain Evaluation			Mobility:	
Score (Absent 0 to Severe 10):	000			

5:55pm. Resid in Supine position - HOB 1. Resp. every 20 sec. Lungs clear. Arouses to voice. Lt. hand finger pink & warm - movement, desires to turn pillow. Administered RN 5:10pm. Resp. every 20 sec. Lungs clear. Arouses to voice. Lt. hand on pillow, finger pink & warm - movement. Capillary refill < 2 sec. Administered RN 5:25pm. Resp. every 20 sec. Lungs clear. Arouses to voice. Lt. hand finger - movement. Ribs warm. Administered RN 5:40pm. Resp. every 20 sec. Lungs clear. Arouses to voice. Lt. hand on pillow, finger pink & warm - movement. Capillary refill < 2 sec. - movement. Administered RN 5:55pm. Resp. every 20 sec. Lungs clear. Arouses to voice. Arouses to voice. Arouses to voice. Lt. hand on pillow & finger pink & warm - movement. Meets PACU criteria, P/C to room 495 Administered RN

Initials	Full Legal Signature	Title
AS	Chuck Lando	RN

## EVALUATION / DISCHARGE SUMMARY:

Discharge to: 495 Time to Room: 6:10pm  
 Report Given By: Chuck Lando RN Time Given: 6:10pm  
 Report Accepted By: Peter Ellis RN  
 B/P: 138/76 Pulse: 70 Resp: 20 Temp: 98.0  
 Condition: Stable

## CRITERIA FOR DISCHARGE HOME:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Ambulating                 | <input type="checkbox"/> Voided  | <input type="checkbox"/> Discharge instruction provided |
| <input type="checkbox"/> Tolerating oral fluids     | <input type="checkbox"/> Pain / discomfort appropriate for procedure                     | <input type="checkbox"/> Transportation arranged        |
| <input type="checkbox"/> Nausea and vomiting absent | <input type="checkbox"/> No unanticipated bleeding                                       |   |
| <input type="checkbox"/> IV Therapy discontinued    | <input type="checkbox"/> Full return of sensory motor function after regional anesthesia |   |
- Variation in blood pressure of no more than 20mmHg when taken in the supine, seated, and standing postures.

Time: \_\_\_\_\_ B/P Supine: \_\_\_\_\_ B/P Seated: \_\_\_\_\_ B/P Standing: \_\_\_\_\_ (18)

Wadley Regional Medical Center  
OPERATING ROOM NURSING REPORT

Page: 1

PROCEDURE DATE: 09/13/96 ROOM: 03000

PATIENT NAME: MURPHY, MATTHEW

ACCT#: W02423929

UNIT#: M0089550

-----  
PREOPERATIVE ASSESSMENT:

Allergies: Iodine

Awareness Level: Alert

Oriented

Anxiety Level: Cooperative

Nervous

Skin Integrity: Warm

Dry

Other

If Skin Integrity is listed as OTHER, please see below for clarification.

DEMA, TAUT SKIN LEFT HAND. MOVEMENT INTACT.

Mobility: No Limitations

NPO Status: N

CBC: Y

CHEM: N

UA: N

Chest: Y

EKG: N

H&amp;H: Y

PT/PTT: N

Other: XRAY BONE

Appropriate Permits: Y

Chart checked and verified by: Nicole Foster, RN

Armbands: ID: Y

Allergy: Y

Blood: Y

BBK: Y

Operative procedure site confirmed: Y

Comments: REPORTS WEARING CONTACT IN RIGHT EYE ONLY. CONTACT REMOVED PER

PT. AND IMMEDIATELY IMMERSED IN BSS IN LABELED CONTAINER.

Pre-op shave completed: Y

Pre-op Visit: Holding Room

Patient Oriented to OR: Y

Case Cancelled: N

-----  
In OR: 1600

Anesth. Start: 1600

Surg Start: 1622

Surg End: 1645

Out OR: 1655

-----  
Case Classification: Elective

Wound Classification: Contaminated

-----  
Pre-Op Diagnosis: GSW LEFT HAND

Post-Op Diagnosis: SAME

Procedure:

Misc Procedure: FASCIOTOMY LEFT HAND

Additional Procedure:

-----  
Family Notified: 1625 / / / / / / / / /-----  
Attending Surgeon: DeHaan, Jeffrey T.

Scrub Nurse: Patricia Byram, LVN

Circulating Nurse: Nicole Foster, RN

Anesthesiologist/CRNA: David Lummus, CRNA

Dianna Robinson, M.D.

Anesthesia Type: General

-----  
POTENTIAL FOR INJURY RELATED TO:

GOAL: Patient will remain injury free.

(19)



Wadley Regional Medical Center  
OPERATING ROOM NURSING REPORT

Page: 2

PROCEDURE DATE: 09/13/96 ROOM: 03000

PATIENT NAME: MURPHY, MATTHEW

ACCT#: W02423929

UNIT#: M0089550

Method of Transfer: Assisted

Positioning: Supine, Legs Parallel, Arms on Armboards

Positioning Aids: Pillow Under Head

Right Ulnar Pad

Positioned by OR Staff: Nicole Foster, RN

Positioned by Anesthesiologist/CRNA: David Lummus, CRNA

Safety Strap Applied: Y Location: Upper Thighs

EQUIPMENT:

ESU: Y ID#: D Cut: 1 Coag: 40 Bipolar#: Setting:

Pad Location: Right Thigh

Post-op skin condition: Clear

Tourniquet: Y Location: L Upper Arm Up: 1622 Down: 1643 Setting: 250 mmHg

Post-op skin condition: Clear

FIRST COUNT:

Circulator: NF Scrub: PB Sponge: C Needles/Sharps: C Instruments: C

CLOSING COUNT:

Circulator: NF Scrub: PB Sponge: C Needles/Sharps: C Instruments: C

FINAL COUNT:

Circulator: NF Scrub: PB Sponge: C Needles/Sharps: C Instruments: C

MD notified of count: Y

POTENTIAL FOR ALTERED BODY TEMP/COMFORT:

Goal: Patient will maintain normal body temperature intra-operatively.

Temp Probe: None

Warm blanket applied: Y

IRRIGATION SOLUTIONS:

Sterile H2O: Y #Used: 1

Normal Saline: Y #Used: 1

MEDICATIONS:

Bacitracin 50,000u

SPECIMENS: Y

Other: BULLET LEFT HAND TO SECURITY: WOOTEN

Wadley Regional Medical Center  
OPERATING ROOM NURSING REPORT

Page: 3

PROCEDURE DATE: 09/13/96 ROOM: 03000

PATIENT NAME: MURPHY, MATTHEW

ACCT#: W02423929

UNIT#: M0089550

POTENTIAL FOR INFECTION:

Goal: Avoidance of patient infection.

Surgical Skin Prep:

Number Location

Solution

#1 L Hand to Elbow

Hibiclens/Alcohol

Dressings/Packs: Adaptic

4X4

Kerlix Rolls

ABD

Ace Bandage 4"

Tape: Silk

Catheter:

POTENTIAL FOR INJURY DURING TRANSFER:

Goal: Patient will be transferred without injury.

Method: Lifter

Roller

Stretcher

Airway: Extubated

Room Air

From OR: Awakening

Discharged to: PACU

Comments/Evaluation: LEFT HAND ELEVATED. SANGUINOUS DC ON ACE: SURGEON INFORMED,  
ADDITIONAL DRESSING ORDERED. ABD'S AND ADDITIONAL ACE APPLIED  
WITHOUT INCREASE IN DRAINAGE.

Signed: 

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

\*END OF REPORT\*

DC

**WADLEY REGIONAL  
MEDICAL CENTER**

**OPERATIVE RECORD**

PT. NAME: MURPHY, MATTHEW

ACCT. #: W02423929

ROOM #: 495

MR UNIT #: M0089550

ADMISSION DATE: 09/13/96

DISCHARGE DATE:

DATE OF OPERATION: 09/13/96

PREOP. DIAG.: Gunshot wound left hand with swelling of the left hand and paresthesias of the hand.

POSTOP. DIAG.: Same.

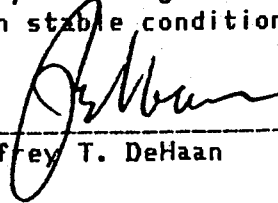
PROCEDURE: Incision and drainage with fasciotomy of the left hand palmar aspect.  
Removal of foreign object dorsum of hand.

SURGEON: DeHaan.

ANESTHESIA: General.

POSITION: Supine.

NARRATIVE: The patient was brought to the Operating Room and put under general anesthesia. The left hand was prepped and draped in routine sterile fashion. An incision was made in the distal palmar crease and advanced through subq tissue. There was a small hematoma present but not drastic. The entire fascia was decompressed. The nerves were inspected and there was no nerve laceration. This area was irrigated copiously and then it was closed very loosely with three 3-0 Nylon sutures. A longitudinal incision was made over the dorsum of the hand and advanced down to the pellet which was removed without difficulty. This wound was also closed with 3-0 Nylon. A sterile bulky dressing was then applied to the hand and he was taken to the Recovery Room in stable condition.

  
Jeffrey T. DeHaan

D: DEHJT

T: DA

DD: 09/13/96

DT: 09/13/96

(12)



WADLEY REGIONAL  
MEDICAL CENTER

NUR.HIGSHE

EMERGENCY DEPT. RECORD

PATIENT NUMBER W02423929	DATE OF BIRTH 09/13/96	AGE 1341	CLINICAL COMPLAINT GSW LEFT HAND
PATIENT NAME MURPHY, MATTHEW			
PATIENT ADDRESS 1153			
PAGE 20	DATE OF BIRTH 09/18/75	SEX M	DOCTOR De Hoan
TRIAL LEVEL 3	TRAUMA SCORE	ALLERGIES: IODINE	LAST TETANUS 18 MO. AGO
TRIAL NURSE NUR.HIGSHE			DATE
ER BED # T5A		LAST MEAL	LAST FLUID
IMMUNIZATIONS CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN IF NO OR UNKNOWN, DOCUMENT TREATMENT OR REFERRAL.			

## ASSESSMENT/NOTES:

A. PT ALERT. SKIN W/D. NO DISTRESS. RESP. REG. UNLABORED. SEEN TODAY AT NEW BOSTON HOSPITAL.

## CURRENT MEDICATIONS:

TALWIN

(1400) Presents a gunshot wound to hand a pellet gun last pm. Gen  
New Boston today and told to find a "specialist". Bto unable to feel any sensation in 3rd 4th & 5th fingers. Bleeding. Pulses present. Cap refill < 3 sec. - Stable  
(1540) 10" 18 gauge to PAC & blood V-tubing & PCA tubing. Consent forms obtained. Reglan 10mg IVP over 2 min. Bicitra 30cc PO.

## PHYSICIAN NOTES: TIME SEEN:

A.

B.

## X-RAYS:

LAB: H/H WBC 7 20 UA

## DIAGNOSIS:

DISPOSITION: RELEASE TO: ADMITTED TO: SURGERY ☐ MORGUE ☐ FUNERAL HOME ☐ TRANSFERRED TO OTHER FACILITY ☐

DID DOCTOR SEE PATIENT? ☒ YES ☐ NO CONDITION ON DISCHARGE: ☐ IMPROVED ☒ UNCHANGED TIME OUT: 1600

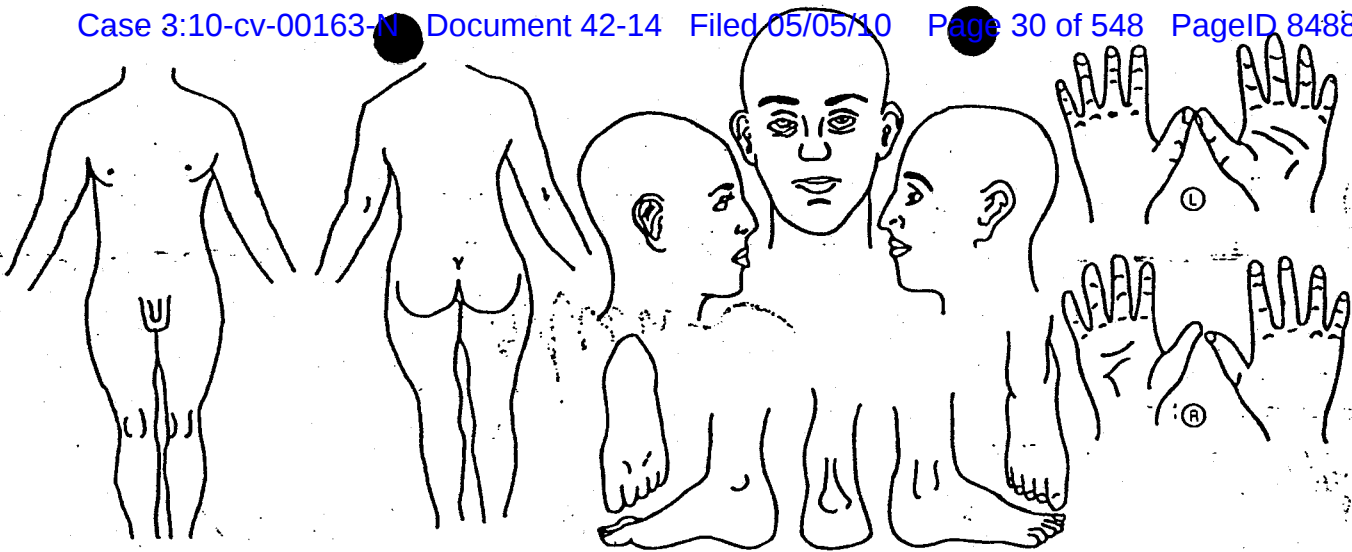
## INSTRUCTIONS TO PATIENT:

SIGNED BY NURSE

RN

SIGNED BY PHYSICIAN

AUTHORIZATION ON REVERSE SIDE MUST BE SIGNED



**AUTHORIZATION FOR EMERGENCY ASSESSMENT AND TREATMENT**

The undersigned has been informed of the emergency assessment and treatment considered necessary for the patient whose name appears on the reverse side hereof and that the treatment will be performed by employees of the hospital under the direction of the physician. Authorization is hereby granted for such treatment and procedures.

The undersigned has read the authorization and understands the same and certifies that no guarantee or assurance has been made as to the results that may be obtained.

CAPTION:

WITNESS

WITNESS

DATE

TIME

A.M.  
P.M.

SIGNED

(PATIENT)

OR

(NEAREST RELATIVE)

(RELATIONSHIP TO PATIENT)

24



**PHYSICIAN'S ORDERS**

W02423929  
Murphy, Matthew

**DO NOT WRITE ON THIS LINE**

DATE 5/13/96 TIME

To on  
02 percent - fasciomy (L)  
hand; removal bullet  
Labs - CBC

**DO NOT WRITE ON THIS LINE**

DATE TIME

**DO NOT WRITE ON THIS LINE**

DATE TIME

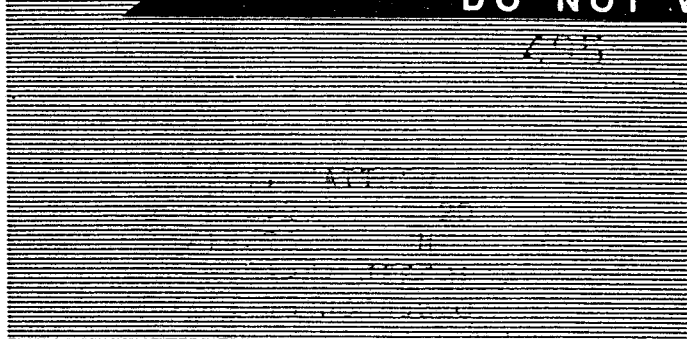
PLEASE USE BALL POINT PEN AND PRESS HARD - YOU ARE MAKING 3 COPIES

*Matthew Murphy*



**PHYSICIAN'S ORDERS**

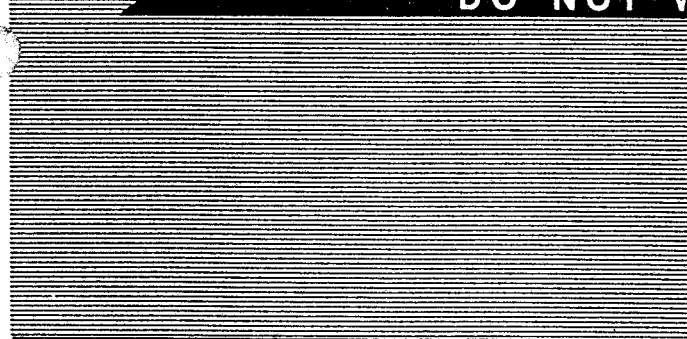
**DO NOT WRITE ON THIS LINE**



DATE 4/13/96 TIME

- ① 23° edent
- ② VS q 4°
- ③ Rx diet
- ④ Elevate @ arm
- ⑤ med Cimetidine 1600 9 p.m.  
- Vicodin 5-10 po q 4 p.m.  
- Toradol 30mg PRN q 4 p.m.

**DO NOT WRITE ON THIS LINE**

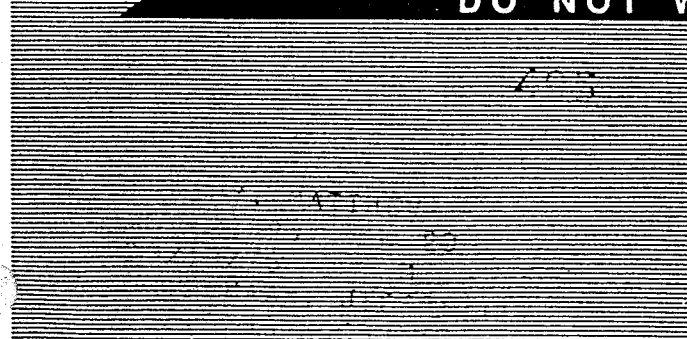


DATE - TIME

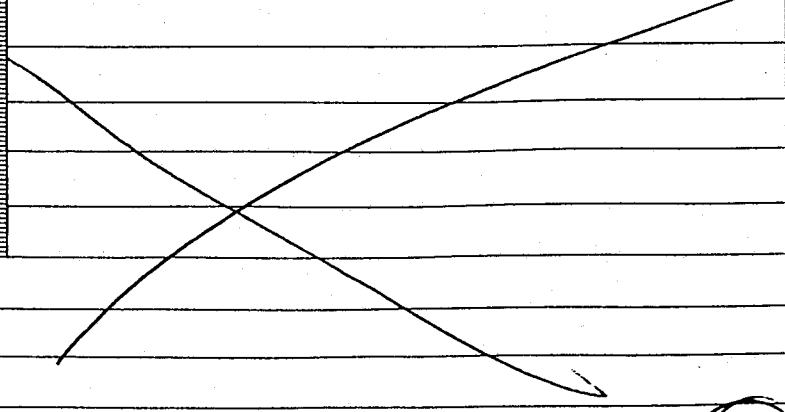
- ⑥ Up ad lib
- ⑦ Reim force dressing as needed

*[Signature]*

**DO NOT WRITE ON THIS LINE**



DATE TIME



PLEASE USE BALL POINT PEN AND PRESS HARD - YOU ARE MAKING 3 COPIES



**PHYSICIAN'S ORDERS**

**DO NOT WRITE ON THIS LINE**

DATE 9/14 TIME

495

① DR today

② RT 77m

Limas, RN 7/30 A

*[Signature]*

**DO NOT WRITE ON THIS LINE**

DATE TIME

**DO NOT WRITE ON THIS LINE**

DATE TIME

PLEASE USE BALL POINT PEN AND PRESS HARD - YOU ARE MAKING 3 COPIES

67



Wadley Regional Medical Center



# GRAPHIC RECORD AND INTAKE AND OUTPUT

Date		9-13-96												9-14-96											
Hosp. Day/ Post Op Day																									
Hour		8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4
T E M P E R A T U R E	> 105																								
	105																								
	104																								
	103																								
	102																								
	101																								
	100																								
	99																								
	98.6																								
	98																								
Pulse			70	72	68	70	68																		
Blood Pressure			158/78	127/71	122/68	120/70	130/110																		
Resp			20	18	18	18	18																		
Weight/Method																									
Hour		7-3	3-11	11-7	Total	7-3	3-11	11-7	Total	7-3	3-11	11-7	Total	7-3	3-11	11-7	Total	7-3	3-11	11-7	Total	7-3	3-11	11-7	Total
I N T A K E	Oral		400	280																					
	IV																								
	IVPB																								
	Blood																								
	Other		2000																						
Total		2400	280																						
U T	Urine		300	400																					
	Emesis																								
	GI Fuction																								
Total		300	400																						

WADLEY REGIONAL MEDICAL CENTER MEDICATION ADMINISTRATION RECORD

4N 495 1

MAR DATE: 09/13/96

**VERIFIED BY:**

PRINTED: 09/13/96 1833

(CONTINUED)

PAGE: 1

## WADLEY REGIONAL MEDICAL CENTER MEDICATION ADMINISTRATION RECORD

MURPHY, MATTHEW  
ACCOUNT #: W02423929  
ALLERGIES: IODINE,

PRIMARY DIAGNOSIS: GSW TO L HAND  
SECONDARY DIAGNOSIS:

4N 495 1

PHYSICIAN: DeHaan, Jeffrey T.

MAR DATE: 09/14/96

COMMENTS:

VERIFIED BY: *[Signature]*

Rx #	MEDICATION	START DATE	2301-0700	0701-1500	1501-2300
------	------------	------------	-----------	-----------	-----------

## \*\*\*\*\*ROUTINE IV MEDS\*\*\*\*\*

896214 CEFAZOLIN (ANCEF, KEFZOL) 1000 MG 09/14/96  
IN: D5W 50 ML  
RATE: 100 MLS/HR  
DOSE TIMES: 0100 0900 1700  
FREQ: .Q8H

*[Handwritten initials]*

## \*\*\*\*\*PRN MEDS\*\*\*\*\*

896216 HYDROCODONE/ACETAMINOPHEN 1 COMBO TAB 09/13/96  
(VICODIN) LORTAB-5  
DOSE: 5-TAB PO Q4HPRN PRN  
"VICODIN 5MG" - PRN PAIN

*[Handwritten signature]**[Handwritten: 0900 PM]*

896217 KETOROLAC TROMETHAMINE 30 MG/1 ML TUBEX 09/13/96  
(TORADOL)  
DOSE: 30 MG (1 ML - 1 TUBEX) IM Q4HPRN PRN  
PRN PAIN

INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE
<i>[Handwritten initials]</i>	<i>[Handwritten signature]</i>	<i>[Handwritten initials]</i>	<i>[Handwritten signature]</i>		

PRINTED: 09/13/96 2200

(CONTINUED)





## Admission Assessment

### GENERAL INFORMATION

I.D. Band On. ☒ Y ☐ N Allergy Band On. ☒ Y ☐ N Tx auth signed. ☒ Y ☐ N  
 Are you a "No-Information" Patient ☐ Y ☒ N ☐ Referral  
 Information on Advanced Directives and Durable Power of Attorney given. ☒ Y ☐ N  
 Are you an Organ Donor. ☐ Y ☒ N If NO are you interested in more information. ☐ Y ☒ N  
 Immunization Hx (age 18 or +) all current ☐ Yes ☐ No ☐ Unknown If No or Unknown, document treatment/referral in notes

### ORIENTATION TO UNIT

Date of Arrival: 9-13-96 Arrival Time on Unit: 6:30 ☒ Disposition of valuables None  
 Instruction given to patient and/or Significant Other. ☐ Disposition of prosthesis \_\_\_\_\_  
☐ Use of call light ☐ Location of bathroom ☐ Smoking restrictions ☐ Emergency call in bathroom ☐ Careline  
☐ Side rail policy ☐ Patient handbook ☐ Use of bed controls ☐ Telephone Service / Television / Ed Channel

### PATIENT/FAMILY EDUCATION NEEDS ASSESMENT

Factors Influencing Learning: Language Spoken English Reads ☒ Y ☐ N Writes ☒ Y ☐ N  
 Motivation/Readiness to Learn: Patient yes Family \_\_\_\_\_  
 Patient Learns Best by Information Given: ☐ Visual ☐ Written ☐ Verbal ☐ Other  
 Barriers / Limitations to Learning: Emotional Barriers: none noted Cognitive Limitations: 20 yr old male

### PHYSICAL ASSESSMENT & REVIEW OF SYSTEMS

V/S	Vital Signs. . . . . BP <u>137/78</u> P <u>70</u> R <u>20</u> T <u>98</u> Ht <u>5'11"</u> Wt <u>140</u>
PSY/SOC	Present Behavior. <input type="checkbox"/> Alert <input type="checkbox"/> Confusion as to . . . . . <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time Comments: <u>drowsy but rousable by verbal stimuli</u> Affect/Mood. . . . . <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Withdrawn <input type="checkbox"/> Anxious <input type="checkbox"/> Talkative <input type="checkbox"/> Demanding <input type="checkbox"/> Lethargic <input type="checkbox"/> Hostile Comments: <u>quiet</u> General Appearance (Describe i.e. hygiene) <u>clean</u>
NEURO	Neuro/Muscular/Skeletal. . . . . <input type="checkbox"/> No Deficits <input type="checkbox"/> Paralysis/Weakness <input type="checkbox"/> Amputation <input type="checkbox"/> Arthritis <input type="checkbox"/> Contractures <input type="checkbox"/> Deformities <input type="checkbox"/> Uncoordinated <input type="checkbox"/> Speech Problems Comments: <u>some sensation to III, IV, V fingers @ hand</u>
CIRC	Circulatory. . . . . <input type="checkbox"/> No Difficulty <input type="checkbox"/> Syncope <input type="checkbox"/> Dizziness <input type="checkbox"/> Anemic <input type="checkbox"/> Edema Peripheral Pulse. . . . . Radial <u>R + L +</u> Pedal <u>R + L +</u> Comments: _____
RESP	Respiratory. . . . . <input type="checkbox"/> No Difficulty <input type="checkbox"/> Dyspnea <input type="checkbox"/> Pain Describe: _____ Breath Sounds (Describe). . . . . Right <u>clear</u> Left <u>clear</u> Comments: _____
GI	Gastrointestinal. . . . . <input checked="" type="checkbox"/> Abd. Flat /Soft <input type="checkbox"/> Abd. Tender <input type="checkbox"/> NG Tube <input type="checkbox"/> Abd. Distended <input type="checkbox"/> Ostomy Bowel Sounds. . . . . <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent Last BM _____ <input type="checkbox"/> Incontinent Comments: _____
GU	Urinary / Gent.. . . . . <input type="checkbox"/> No Difficulty <input type="checkbox"/> Dysuria <input type="checkbox"/> Incontinent <input type="checkbox"/> Distended <input type="checkbox"/> Cath <input type="checkbox"/> Urine Describe: _____ <input type="checkbox"/> Penile/Vag Discharge Describe: _____ Comments: _____

RN Signature: [Signature]Date 9/13Time 7:05

**SKIN ASSESSMENT**

us. . . . . Identifying at-risk individuals  
 OutCome. . . . . Intact skin

**NORTON SCALE**

Please Check Appropriate Response

**Physical Condition**

☐ Good . . . . . **4**  
☒ Fair . . . . . **3**  
☐ Poor . . . . . **2**  
☐ Very Bad . . . . . **1**

**Mental Status**

☒ Alert . . . . . **4**  
☐ Apathetic . . . . . **3**  
☐ Confused . . . . . **2**  
☐ Stupor . . . . . **1**

**Activity**

☒ Ambulant . . . . . **4**  
☐ Walk/help . . . . . **3**  
☐ Chairbound . . . . . **2**  
☐ Bed . . . . . **1**

**Mobility**

☐ Full . . . . . **4**  
☐ Slightly limited . . . . . **3**  
☐ Very limited . . . . . **2**  
☐ Immobile . . . . . **1**

**Incontinence**

☐ Not . . . . . **4**  
☐ Occasional . . . . . **3**  
☐ Usually/urine . . . . . **2**  
☐ Doubly . . . . . **1**

Total Score: 19  
 (Score <12 - High Risk)

Score Recommendations: . . .

Score 20-15 - No Needs

Score 13-14 - air flotation

Score =12 or &lt; - low air loss/fluid air see specialty Bed Overlay Protocol

Date and Time Recommendation Implemented: \_\_\_\_\_

Skin Condition. . . . . ☐ Hot ☒ Warm ☐ Cool ☐ Moist ☐ Dry ☐ Other

Skin Turgor. . . . . ☒ Good ☐ Fair ☐ Poor Describe: \_\_\_\_\_

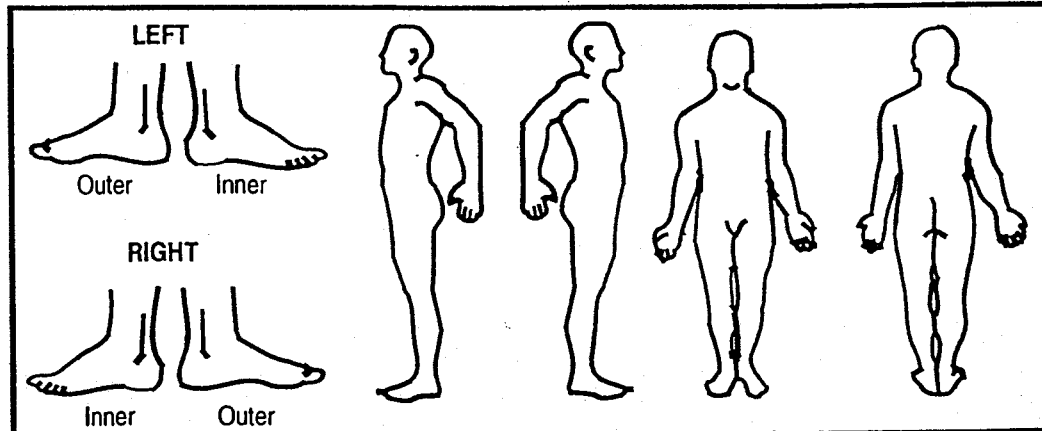
Color. . . . . ☒ Normal for Patient ☐ Pale ☐ Flushed ☐ Cyanotic Describe: \_\_\_\_\_

Nailbeds. . . . . ☒ Pink ☐ Cyanotic Describe: \_\_\_\_\_

Location: Identify area/s of lesion on figure and number each lesion (i.e. 1 PS, 2 BL, 3R, etc.) For >5 lesions use an additional skin form.

**Diagram Code:**

C Contusion  
 PS Pressure Sore  
 E Erythema  
 L Laceration  
 BL Blister  
 R Rash  
 S Scar  
 B Burn  
 I Incision  
 ST Skin Tear

**Description:**

Stage I Reddened area  
 Stage II Blister, skin break  
 Stage III Subcutaneous  
 Stage IV Muscle/bone

**Color:**

R Red/pink  
 Y Yellow  
 B Black

**Drainage:**

S Serous  
 P Purulent  
 NO None

**Odor:**

Y Yes  
 N No

Lesion #	Stage	Color	Size	Depth	Drainage	Odor	RN Signature
1. <u>9</u>							
2.							
3.							
4.							
5.							

RN signature

P Allen

Date

9/13/96

Time

7:05 pm

(32)



## Patient Information Profile

— Patient/Family Please Complete In Ink —

### REASON FOR HOSPITALIZATION (Per Patient Understanding)

Living Will. . . . .

Y ☒ N

Durable Power of Attorney for Healthcare. . . . .

Y ☒ N

If yes, please bring a copy.

### MEDICAL HISTORY

#### Have you ever had:

Circle appropriate response

Chest Pains/Angina/Heart Attack. . . . .

Y

N

Heart Murmurs. . . . .

Y

N

Palpitations/Pace Maker. . . . .

Y

N

Skipped Heart Beats. . . . .

Y

N

High Blood Pressure. . . . .

Y

N

Stroke. . . . .

Y

N

Epilepsy/Convulsions/Seizures. . . . .

Y

N

Asthma/Bronchitis/Emphysema/Pneumonia. . . . .

Y

N

Shortness of Breath. . . . .

Y

N

Tuberculosis. . . . .

Y

N

HIV/AIDS. . . . .

Y

N

Diabetes. . . . .

Y

N

Back/Neck Problems. . . . .

Y

N

Cancer. . . . .

Y

N

Recurrent Headaches. . . . .

Y

N

Hepatitis/Liver Disease/Yellow Jaundice. . . . .

Y

N

Thyroid Disorders. . . . .

Y

N

Kidney Disorder. . . . .

Y

N

Sickle Cell. . . . .

Y

N

Bleeding Tendency/Phlebitis/Blood Clots. . . . .

Y

N

Glaucoma. . . . .

Y

N

Blood Transfusion. . . . .

Y

N

Blood Transfusion Reaction. . . . .

Y

N

A History of Anesthesia Problems. *No*

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Are you hard of hearing? . . . . .

Y

N ☒

Do you have difficulty seeing? . . . . .

Y

N ☒

#### Do you use or have:

☐ Dentures

☐ Partial Plate

☐ Artificial Limbs

☐ Glasses

☐ Hearing Aid

☐ Implant Devices

☒ Contacts

*one lens only*

#### For Women:

Are You Pregnant? . . . . .

Y

N ☒

Last Period: \_\_\_\_\_

#### Medication You Are Taking:

(Dosages, Times & Time of Last Dose)

Prescription and Non Prescription

*none*

#### Allergies: (Drug and Food):

*iodine*

Recent Change in Appetite. . . . .

Y

N ☒

Recent Weight Changes. . . . .

Y

N ☒

Recent Swallowing/Chewing Difficulties. . . . .

Y

N ☒

Recent Nausea / Vomiting. . . . .

Y

N ☒

Recent Change in Bowel Elimination. . . . .

Y

N ☒

Recent Change in Urination. . . . .

Y

N ☒

Recent Falls. . . . .

Y

N ☒

*1/23*

**Past Surgeries and Procedures:**

(List and Date)

appendectomy PPS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been Hospitalized overnight within the last 30 days? . . . . . Y N

Drug or Alcohol Usage? . . . . . (Y) . N

Frequency: occasionally

Do You Smoke? . . . . . (Y) . N

Number of Packs a Day: 1 pack/day

Sleep Habits: Number of Hours? 7-8

☐ Daytime ☒ Night time ☐ Naps

Use of sleeping medications? . . . . . Y . N

Insomnia/Other sleep disorders \_\_\_\_\_

**Housing/Home Services:**

☒ Home/Apartment

☐ Homeless

☐ Facility(name) \_\_\_\_\_

☐ Live Alone

☐ Other \_\_\_\_\_

Live with: (name) Chelsea Willis

Relationship: girlfriend

Home Health Service: \_\_\_\_\_

Hospice: \_\_\_\_\_

Home Equipment Service: yes

Types of Home Equipment:

☐ Cane ☐ Walker ☐ Wheelchair ☐ Special bed

☐ Accucheck ☐ Crutches

Other: \_\_\_\_\_

Whom do you rely on for emotional support?

☐ Spouse

☒ Family

☐ Friend

☐ Self

☐ Other \_\_\_\_\_

What problems will this illness cause?

☐ None

☐ Job

☐ Finance

☐ Self care/independence

☐ Family/Child Care

☐ Coping and Adapting

☐ Other \_\_\_\_\_

Would you like to see clergy? . . . . . Y N

Do you have any special religious requests or cultural needs?

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by (signature): [Signature]

Date 9/13 Time \_\_\_\_\_

Relationship: \_\_\_\_\_

Reviewed by (RN signature): [Signature]

Date 9/13 Time \_\_\_\_\_

[illegible]

*[Handwritten signature]*





Date 9-13-96 Initial and Time Activities. S = Self A = Assist T = Total P = Partial


Patient Care Activities		7 - 3	3 - 11	11 - 7	
DIET	Oral _____				
	% Taken (S / A / T) Tube Feeding Type / Rate _____	B	D 100%		
HYGIENE	Bath (S / A / T) _____				
	Mouth Care _____				
	Peri Care _____				
	Skin Care _____				
	Anti Emboli Hose Off _____				
	Linen (P / T) _____				
	Other _____				
ACTIVITY	Asleep _____				
	Respirations reg/unlabored _____		6:30 8:45 10:15	12:02 2:44 4:06	
	Bedrest _____		6:30 8:45 10:15	12:02 2:44 4:06	
	Up with Assist # _____				
	Up Ad Lib _____				
	ROM Active / Passive _____				
	Other _____				
SPEC	(Type) _____				
	(Type) _____				
	(Type) _____				
SAFETY	Siderails up x <u>12</u>		6:30 8:45 10:15	12:02 2:44 4:06	
	Restraints = _____				
	W / A / V / L / 4 Pt _____				
	Bed Low Position / _____				
	Wheels Locked _____				
	Call Bell within reach _____				
	Other _____				
NURSING CARE ACTIVITIES	NG / Enteral Tube: _____				
	Inserted & Gauge _____				
	Placement Checked _____				
	Flushed _____				
	Residual Amount _____				
	Suction: Int / Cont _____				
	Turned = R / L / P / S _____				
	Coughed, Deep Breathed _____				
	Suction _____				
	Trach Care _____				
Incentive spirometry _____					
Results _____					
OFF UNIT	To _____ At _____ Via _____ Returned _____				
	To _____ At _____ Via _____ Returned _____				
Init.	Signature / Title	Init.	Signature / Title	Init.	Signature / Title
	<i>[Signature]</i>	RE	<i>[Signature]</i>		

(171)



[illegible]

Identify # Used / Shift	7 - 3	3 - 11	11 - 7
ABD _____			
Sterile Gloves _____			
Feeding bags _____			
Suture / Staple Remover _____			
IV Start Kit _____			
IV Catheters _____			
Eggcrate _____			
Other _____			
_____			
_____			
_____			
K Pad _____			
Special Bed _____			
P.R. Mattress _____			
Traction / OHB _____			
Ortho Device _____			
Feeding Pump _____			
IV Pump #       #       #			
PCA Pump _____			
Wall Suction _____			
Other _____			



Date: 9-13-96 Time 6:30 PM		6:30	12:00	
NEURO	Alert/Oriented 1 / 2 / 3	K	W	
	Lethargic			
	Other <u>lethargic, but arousable</u>	W	W	
PSY/SOC	Cheerful			
	Anxious			
	Fearful			
	Angry			
M/S	Movement/Sensation Intact	W	W	
	Proper alignment/position	W	W	
	Other			
SKIN	Temp: Warm	W	W	
	Cool			
	Dry	W	W	
	Diaphoretic			
	Color	W	W	
	Other			
CARDIOVASCULAR	Apical: Regular	W	W	
	Irregular			
	Pedal: Present	W	W	
	Absent			
	Radial: Present	W	W	
	Absent			
	Edema			
	Fistula/Graft			
	Thrill/Bruit Present			
	Anti Emboli Hose On - K or T			
RESPIRATORY	Breath Sounds: Clear	W	W	
	Regular	W	W	
	Unlabored	W	W	
	Abnormal			
	Cough: Nonproductive			
	Productive			
	O2 at NC or VM			
	Other			
	GASTROINTESTINAL	Abd: Soft	W	W
		Firm		
Distended				
Tender				
Gravid				
Bowel Sounds: Present		W	W	
Absent				
N/G Tube Patent				
Other				
GU		Urine Voided		
	Foley Patent			
	Incontinent			
	Color			
	Appearance			

Time		7-3	3-11	11-7
PROBLEM / NEED / NURSING DIAGNOSIS	1. <u>p220r</u>		<u>prn 2nd / 3rd / 4th</u> <u>750mg effectiveness</u>	
	2. _____			
	3. _____			
	4. Patient / SO Teaching & Response			
MD Visits				
PAIN	1. Location/Type _____ Severity 0 1 2 3 4 5 _____ Action _____ Results _____			<u>0/2 pain @ hand, R hand</u> <u>"3"</u> <u>Vicodin 11 po, 11:30</u> <u>Resting quietly, 11:30</u>
	2. Location / Type _____ Severity 0 1 2 3 4 5 _____ Action _____ Results _____			
	3. Location / Type _____ Severity 0 1 2 3 4 5 _____ Action _____ Results _____			
	4. PCA Drug _____ Setting _____ Dose _____ Lockout _____ Pain Score _____ Best / Worse			
	Site 1 <u>(L) hand</u>		<u>6:30 8h 10yr</u>	<u>12:24 6hr</u>
	Site 2 _____			
	Site 3 _____			
	Open to air _____			
	Dressing _____	<u>6:30 8h 10yr</u>	<u>12:24 6hr</u>	
	Clean / dry / intact _____	<u>6:30 8h 10yr</u>	<u>12:24 6hr</u>	
	Sutures _____			
	Staples _____			
	Steristrips _____			
	Dressing change _____			
	Other <u>IV site RFA WNK Hepatic</u>	<u>6:30 8h 10yr</u>	<u>12:24 6hr</u>	

Date:	Time
9-14-96	7:45A
Alert / Oriented 1 / 2 / 3	(3)
Lethargic	
Other	
Cheerful	
Anxious	
Fearful	
Angry	
Movement/Sensation Intact	
Proper alignment/position	
Other	
Temp: Warm	
Cool	
Dry	
Diaphoretic	
Color	
Other	
Apical: Regular	
Pedal: Present	
Absent	
Radial: Present	
Absent	
Edema	
Fistula/Graft	
Thrill/Bruit Present	
Anti Emboli Hose On - K or T	
Other	
Breath Sounds: Clear	
Regular	
Unlabored	
Abnormal	
Cough: Nonproductive	
Productive	
O2 at NC or VM	
Other	
Abd Soft	
Firm	
Distended	
Tender	
Gravid	
Bowel Sounds Present	
Absent	
N/G Tube Patent	
Other	
Urine Voided	
Foley Patent	
Incontinent	
Color	
Appearance	
Other	

Time		7-3	3-11	11-7
PROBLEM / NEED / NURSING DIAGNOSIS	1. 9 <sup>10</sup> AM Alteration Comfort (pain)	1. 9 <sup>10</sup> AM redness & needed for pain relief. Position of comfort AB		
	2.			
	3.			
	4. Patient / SO Teaching & Response	4. 9 <sup>10</sup> AM instructed to keep (L) and R L relief of any increase swelling of fingers & pain unrelieved & pain not AB		
MD Visits				
PAIN	1. Location/Type _____ Severity 0 1 2 3 4 5 _____ Action _____ Results _____	7 <sup>45</sup> AM (L) & (R) hand - distal joint pain.		
	2. Location / Type _____ Severity 0 1 2 3 4 5 _____ Action _____ Results _____	8 <sup>55</sup> AM (L) & (R) hand - "5-4" distal joint pain.		
	3. Location / Type _____ Severity 0 1 2 3 4 5 _____ Action _____ Results _____			
	4. PCA Drug _____ Setting _____ Dose _____ Lockout _____ Pain Score _____ Best / Worse			
WOUND / INCISIONS	Site 1 (L) Arm	7 <sup>45</sup> AM 9 <sup>10</sup> AM		
	Site 2 _____			
	Site 3 _____			
	Open to air _____			
	Dressing # 1	7 <sup>45</sup> AM 9 <sup>10</sup> AM		
	Clean / Dry / Intact # 1	7 <sup>45</sup> AM 9 <sup>10</sup> AM		
	Sutures _____			
	Staples _____			
Steristrips _____				
Dressing change _____				
Other _____				

(117)

Date

Initial and Time Activities.

S = Self

A = Assist

T = Total

P = Partial

Patient Care Activities		7 - 3	3 - 11	11 - 7	
DIET	Oral <u>Regular</u>	B 70% sm	D		
	% Taken (S/A/T) Tube Feeding Type / Rate				
HYGIENE	L	HS SNACKS			
	Bath (S) A/T Mouth Care Peri Care Skin Care Anti-Embolus Hose Off Linen (P/T) Other				
ACTIVITY	Asleep Respirations reg/unlabored Bedrest Up with Assist # Up Ad Lib ROM Active / Passive Other	145m 9:10 AM 145m 9:10 AM			
SPEC	(Type) (Type) (Type)				
SAFETY	Siderails up x <u>2</u> Restraints = W/A/V/L/4 Pt Bed Low Position / Wheels Locked Call Bell within reach Other <u>patient</u>	145m 9:10 AM 145m 9:10 AM 145m 9:10 AM 145m 9:10 AM			
NURSING CARE ACTIVITIES	NG / Enteral Tube: Inserted & Gauge Placement Checked Flushed Residual Amount Suction: Int / Cont Turned = R/L/P/S Coughed, Deep Breathed Suction Trach Care Incentive spirometry Results	<u>145m 9:10 AM</u>			
OFF UNIT	To _____ At _____ Via _____ Returned _____	OFF UNIT	To _____ At _____ Via _____ Returned _____		
	To _____ At _____ Via _____ Returned _____		To _____ At _____ Via _____ Returned _____		
Init.	Signature / Title	Init.	Signature / Title	Init.	Signature / Title
	<u>for Bettie Miller RN</u>	<u>AH</u>	<u>C. Holms RN</u>		

(13)



[illegible]

	Identify # Used / Shift	7 - 3	3 - 11	11 - 7
SUPPLIES / EQUIPMENT	ABD _____			
	Sterile Gloves _____			
	Feeding bags _____			
	Suture / Staple Remover _____			
	IV Start Kit _____			
	IV Catheters _____			
	Eggcrate _____			
	Other _____			
	_____			
	_____			
	_____			
	K Pad _____			
	Special Bed _____			
	P.R. Mattress _____			
	Traction / OHB _____	4/3/31		
	Ortho Device _____			
	Feeding Pump _____			
	IV Pump #       #       #			
	PCA Pump _____			
	Wall Suction _____			
Other _____				

## WADLEY REGIONAL MEDICAL CENTER

## DISCHARGE INSTRUCTIONS

## I. MEDICATIONS:

☐ No Medications PrescribedPrescriptions given: ☒ Yes ☐ No

5 copies  
or  
2500 prescriptions

Medicine	Dosage	When	Instructions
Vicodin	one by mouth	every 4 hours	as needed for pain
Duricef	500mg	one by mouth	twice daily

## II. NUTRITION:

- ☒ Diet Regular ☐ Instructions given ☒ Yes ☐ No ☐ N/A  
☐ Supplement recommended ☐ Yes ☐ No ☐ N/A  
☐ Patient and/or Significant other has received written and/or oral instructions on possible food/drug interactions ☐ Yes ☐ No ☐ N/A  
☒ Other Drink plenty of fluids

## III. TREATMENTS/LAB:

## IV. EDUCATION:

- ☐ Brochure given  
☒ Other (specify) no heavy lifting of objects; elevate left arm for swell.  
noting no of temp > 101  
noting of any purulent drainage from wound  
keep dressing clean and dry

## V. ACTIVITY LEVEL:

- ☐ Independent ☐ Resume Sexual Activity  
☐ Requires Assistance ☐ Drive Car  
☐ Resume Previous Activity  
☒ Other (Specify) Call MD for Temp 101 or >, extreme uncontrolled pain, wound

## Circle Activity:

- Return to Work/School  
 Take Shower/Take Tub Bath  
 Walker/Cane/Crutches

## VI. APPOINTMENTS:

- ☐ Follow up appointment with: ☐ Patient/Significant Other will arrange appointment with:

Physician Dr. Dehaan Date September 17, 2010 Time \_\_\_\_\_

Physician \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Call for time 752-5005

IF THERE ARE ANY QUESTIONS REGARDING THESE INSTRUCTIONS, PLEASE CONTACT YOUR PHYSICIAN.

Matthew Murphy  
 Patient/Significant Other

Angel Hobson  
 Registered Nurse

(165)

## PATIENT DISCHARGE SUMMARY

## I. GENERAL CONDITION:

A. Vital Signs:

96.4      68      18      130/72

Temp.      Pulse      Resp.      B/P

B. Diet: ☒ Regular ☐ Other

C. Bowel Function:

Date of Last BM

9-13-96

☐ Constipated☐ Diarrhea☐ Other (specify)

D. Urinary Function:

☒ Voiding Without Difficulty☐ Indwelling Catheter

Date of Insertion:

Other (specify)

## II. MODE:

☒ Wheelchair☐ Stretcher☐ Ambulatory☐ Arms☐ Other (specify)

## III. DISPOSITION:

☒ Home☐ Significant Other☐ Nursing Home

## IV. REFERRALS:

☐ Social Services☐ Discharge Planner☐ Home Health☐ Other (specify)

C. Holmes

R.N. Signature

9-14-96

Date

(46)

1  
2  
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State's Exhibit Number 74  
St. Michaels Hospital Records  
(Copy attached)

STATE OF Texas )  
COUNTY OF Bowie ) SS:

**AFFIDAVIT**

My name is Kay Wadley. I am of sound mind, capable of making this affidavit and personally acquainted with the facts herein stated:

I am the medical records custodian of the office of:

Christus St. Michaels  
(Business Name)

Attached hereto are 5 pages of medical records regarding:

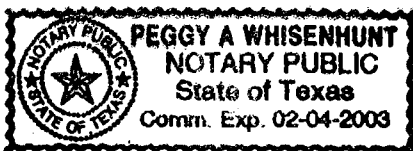
Murphy, Matthew  
(Name of Patient)

The medical records are kept in the regular course of business, and it is the regular part of business of this office for an employee or representative of this office with the knowledge of the act, event, condition, opinion or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion or diagnosis. The records attached hereto are the original or exact duplicates of the original.

Kay L. Wadley  
SIGNATURE OF AFFIANT

Before me personally appeared affiant, who being by me duly sworn that the facts stated herein are true and correct according to his/her best information and belief.

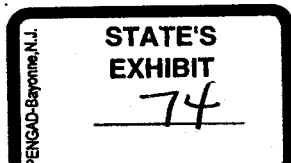
In witness whereof, I have hereunto subscribed my name and affixed my official seal this 1st day of December, 19 2000



Peggy Whisenhunt  
Notary Public

My Commission Expires:

2. 2003



ST MICHAEL HEALTH CARE CENTER  
P.O. BOX 2911  
TEXARKANA, TX 75503

EMERGENCY ADMISSION  
09/30/96 05:22pm

MURPHY, MATTHEW

SSN: 456-71-2610

9627400201

501B W WALTERS

DOB: 09/01/75 21Y

UNIT: 000159107

M MALE

(903)628-4129

NEW BOSTON

TX 75570

CAUCASIAN

UNEMPLOYED

S SINGLE

Adm Date 09/30/96 05:10pm

FINANCIAL

ACCOM SERVICE

STATION RM BKT

Disch Date

SP ER

ERS

ER-B6790810

SELF

SSN: 456-71-2610

MURPHY, MATTHEW

501B W WALTERS

NEW BOSTON

TX 75570

(903)628-4129

MOTHER

(214)962-7443

SIGNIFICANT OTHER (903)628-4129

ABBOTT, HOPE

WILLIS, CHELSEA

6305 FM 429

501B W WALTERS

COFFMAN

TX

NEW BOSTON

TX

75570

#### ADVANCED DIRECTIVES:

INSURANCE

GROUP #

POLICY #

POLICY HOLDER'S NAME

ATTENDING PHYSICIAN:

DEHAAN, JEFFREY I

ADMITTING DIAGNOSIS:

-INCISION OPEN

PREVIOUS ADMIT TO HOSPITAL

Date

\*\*\* MEDICAL CHART COPY \*\*\*

ATTENDING PHYSICIAN

09/30/96 05:22pm



**St. Michael Health Care Center**

**CONDITIONS OF HOSPITAL CARE**    ☐ IP    ☐ OP    ☐ ER

**1. CARE**

I understand the patient is under the care and supervision of the patient's attending doctor and consultant selected by the doctor. It is the responsibility of the hospital and its staff to carry out the instructions of these doctors. I understand ALL DOCTORS FURNISHING SERVICES TO THE PATIENT, INCLUDING THE RADIOLOGIST, PATHOLOGIST, ANESTHESIOLOGIST, EMERGENCY ROOM PHYSICIANS, AND OTHERS, ARE NOT EMPLOYEES OR AGENTS OF THE HOSPITAL but rather, are independent contractors who have been granted the privilege of using its facilities for the care and treatment of their patients. These doctors will bill separately for these services. Further, I realize that among those who attend patients at this hospital are medical, nursing, and other health care personnel in training who, unless requested otherwise, may be present during patient care as a part of their education. Still or motion pictures and closed circuit television monitoring of patient care also may be used for educational and medical purposes, unless a patient expressly requests otherwise.

The hospital provides only general duty nursing care unless the doctor orders that the patient be provided more intensive nursing care. If the patient's condition requires the service of a special duty nurse or sitter, this service must be arranged by the patient or the patient's representative since the hospital does not provide this special care. When protective rails are placed on the patient's bed and raised for patient protection or when protective restraints are ordered, the patient assumes all risks or injury or damage if the patient refused permit raised side rails or restraints.

**2. SERVICES AND / OR SURGICAL PROCEDURE CONSENT**

I understand any surgical medical treatment has risks including infection and poor results despite sound medical care. The consent to hospital care includes permission for x-ray examination, laboratory procedures, injections, medications and hospital services rendered the patient under the general and special instruction of the doctor. It is hospital policy that the patient have the opportunity to discuss the surgery and procedures with the patient's doctor beforehand. The patient has the right to consent to surgery. Except in emergencies or unusual circumstances the hospital does not allow its facilities to be used without this discussion and the patient's consent.

**3. RELEASE OF INFORMATION**

To the extent necessary to determine liability for payment and to obtain reimbursement, the hospital and the patient's doctors may disclose the patient's records, INCLUDING HIV STATUS OR OTHER SEXUALLY TRANSMITTED DISEASE INFORMATION, to medical records auditors, Social Security Administration, insurance or benefit payor, health service plan, or worker's compensation carrier which is, or may be liable for all or any portion of the hospital's or treating doctor's charges.

The hospital may obtain from any source and examine, discuss and disclose the patient's records, including medical history, examinations, diagnoses, treatments, and HIV or Aids information to treating doctors, hospital personnel and agents, other health care providers, medical researchers, audit committees, care evaluators and state and federal agencies.

**4. PERSONAL VALUABLES**

THE HOSPITAL MAINTAINS A SAFE FOR THE PROTECTION OF MONEY AND VALUABLES. THE HOSPITAL IS NOT RESPONSIBLE FOR THE LOSS OF OR DAMAGE TO ANY MONEY, JEWELRY, DOCUMENTS, GARMENTS, DENTURES, PROSTHETIC DEVICES OR OTHER ARTICLES OF PERSONAL PROPERTY, UNLESS DEPOSITED IN THE HOSPITAL'S SAFE.

**5. FINANCIAL AGREEMENT**

In consideration of the services to be rendered to the patient, each person signing this Hospital Care Consent authorizes credit investigation and individually obligates himself/herself to pay the patient's account in accordance with the regular rates and terms of the hospital. In addition, if the services to be rendered to the patient are in any way related to the acts or omissions of a third party against whom the patient may have any claim or cause of action for damages, then the patient expressly grants a contractual lien on such claim or cause of action to the hospital, which contractual lien will attach to any judgment, settlement, or insurance policy (including any liability policy covering a third party, any underinsured or uninsured policy covering the patient, and any other type of insurance policy which may provide benefits or payments to the patient as a result of the injury sustained) and which will be in addition to any other rights the hospital may have under any laws. If the accounts are referred to any attorney or collection agency, the same person agrees to pay reasonable attorneys' fees and collection expenses. All delinquent accounts will bear interest at the legal rate. If charity services are required, eligibility determination must be requested prior to or upon admission.

**6. ASSIGNMENT OF BENEFITS**

Each person signing this Hospital Care Consent assigns all rights, title and interest and authorizes direct payment to the hospital of any insurance benefits or benefits under Social Security Act otherwise payable to the patient for the hospitalization at a rate not to exceed the hospital's regular charges. I FURTHER AUTHORIZE PAYMENT DIRECTLY TO THE ANESTHESIOLOGISTS, PATHOLOGISTS, RADIOLOGISTS, AND OTHER TREATING PHYSICIANS RENDERING PROFESSIONAL SERVICES. Each person signing this Hospital Care Consent is financially responsible for charges not collected by this assignment.

**7. ABSENCE / TRANSPORTATION**

If temporary absences from the hospital is authorized by the patient's doctor or if the patient leaves the hospital against medical advice, the hospital is not responsible for patient's welfare while absent. PASS DAYS ARE NOT COVERED BY MEDICARE, MEDICAID, AND OTHER INSURANCE COMPANIES, AND PATIENT ASSUMES ALL RESPONSIBILITY FOR PAYMENT FOR THE DAYS ON WHICH THE PATIENT IS ABSENT FROM THE HOSPITAL. If the hospital assists in arranging private ambulance services, the responsibility is limited to reservation assistance. Transportation arranged by others is the patient's responsibility.

**8. ETHICS**

The hospital is sponsored by the Sisters of Charity of the Incarnate Word and is dedicated to fulfilling a Christian ministerial role of aiding the sick and injured in conformity with the Ethical and Religious Directive for Catholic Health Facilities, approved by the U.S. Catholic Conference. The hospital does not allow its facilities to be used for procedures in violation of these directives.

**Health Care Service Plans:** This hospital maintains a list of the health care service plans with which it has contracted. This list is available upon request from the financial office. The hospital has no contract, express or implied, with any plan that does not appear on the list.

**Disposition:** The hospital may preserve tissue or other parts for scientific purposes, for teaching purposes, for grafts, or it may otherwise dispose of tissue or other parts resulting from procedures in the hospital. In the event of fetal or other death without proper disposition arrangements by or on behalf of the patient within twenty-four (24) hours, the hospital is authorized to make disposition arrangements as required by law or hospital policies.

**HOSPITAL CARE CONSENT**

1. I consent to hospital services, treatment and diagnostic procedures by the hospital as ordered by my doctor and consultants selected by my doctor.
2. I agree to any testing such as for Hepatitis, AIDS, or other communicable diseases, or isolation procedures as required for infection control for the public health.
3. The Conditions of Hospital Care listed on the front and back of this consent form control the type of care I will receive, release of information, financial responsibility, and other important matters.
4. ( ) If applicable:

**STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER, PHYSICIANS AND PATIENT**

I certify that the information given by me in applying for payment under title XVII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physicians services to the physician or organization to submit a claim to Medicare for payment to me.

MY SIGNATURE ACKNOWLEDGES THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT THIS CONSENT FORM AND THE CONDITIONS OF HOSPITAL CARE. I VOLUNTARILY GIVE MY CONSENT TO HOSPITAL CARE. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

Witness: Mary HillPatient Signature: X Matthew MurphyDate: 9-30-96Time: 5:18

[ ] Parent, Legal Guardian  
[ ] Other

[ ] Consent to and agreement to assume responsibility for the Financial Agreement, Assignment of Benefits, and Health Care Service Plan, as stated in the Conditions of Hospital Care, if financial responsibility is assumed by someone other than the patient or legal guardian.

GUARANTOR NAME (PLEASE PRINT)

(1) GUARANTOR / INSURED SIGNATURE

(2) INSURED SIGNATURE

CONDITIONS OF HOSPITAL CARE

EG 0045-3

# EMERGENCY DEPARTMENT DISCHARGE INSTRUCTIONS

M. Murphy was seen in the Emergency Department by Dr. DeHaan.  
His/her advice includes the following instructions for you to follow at home. Because the nature of most emergency conditions is such that your illness or injury may change with the passage of time. It is extremely important that you follow the advice given by your physician. If your condition changes or does not improve, call your private physician or contact the Emergency Department at 614-2223.

## ROUTINE INSTRUCTIONS

- |  |   |
|--|---|
| <input type="checkbox"/> Abdominal Pain            | <input type="checkbox"/> Obstetrics                   |
| <input type="checkbox"/> Ace Bandage               | <input type="checkbox"/> Normal Pregnancy             |
| <input type="checkbox"/> Back Pain                 | <input type="checkbox"/> Threatened Abortion          |
| <input type="checkbox"/> Burns                     | <input type="checkbox"/> Complete Abortion            |
| <input type="checkbox"/> Chest Pain                | <input type="checkbox"/> Pelvic Inflammatory Disease  |
| <input type="checkbox"/> Angina                    | <input type="checkbox"/> Sexually Transmitted Disease |
| <input type="checkbox"/> Generalized               | <input type="checkbox"/> Stains / Sprains             |
| <input type="checkbox"/> Eye Injury                | <input type="checkbox"/> Upper Respiratory Infection  |
| <input type="checkbox"/> Fever                     | <input type="checkbox"/> Urinary Tract Infection      |
| <input type="checkbox"/> Fractures, Cast, Crutches | <input type="checkbox"/> Vomiting / Diarrhea          |
| <input type="checkbox"/> Minor Head Injury         | <input type="checkbox"/> Wounds / Lacerations         |

Other instructions: See Dr. DeHaan Sunday at 3pm  
at his office 3708 Summerfield Road. Leave  
doctor until then. Return to DeHaan, return  
to work or school if any problems.

- ☐ Work / School Activity Able to work / school
- ☐ Yes ☐ No - off through \_\_\_\_\_ ☐ No physical ED through \_\_\_\_\_  
If you are not able to return to work / school by the above date - see your doctor.
- ☐ High Blood Pressure Your blood pressure was found to be \_\_\_\_\_. This is higher pressure than average.  
Please see your physician for a check-up.
- ☐ Follow-up Care ☐ Doctor \_\_\_\_\_ Office \_\_\_\_\_  
☐ Return to the Emergency Department \_\_\_\_\_  
Bring this sheet with you.
- ☐ Lab / Culture Reports Call the Emergency Dept. \_\_\_\_\_ (903) 614-2223 for lab or culture reports.
- ☐ Injections If an injection of medication was given, some swelling, tenderness, and redness is normal and will persist for several days. If a tetanus immunization was given, you may expect a mild fever, especially in children.
- ☐ X-rays If an x-ray was taken and a report was given to you, it may have been a preliminary report. All x-rays are reviewed by the Department of Radiology the next working day. You will be contacted if additional x-rays are necessary.
- ☐ EKG Your electrocardiogram will be reviewed the next working day. You will be notified if there is any change in the diagnosis.
- ☐ Medication ☐ May cause drowsiness. Do not drive, operate machinery or consume alcoholic beverages.  
☐ Take medication as directed.

I am accepting responsibility as driver of \_\_\_\_\_ who has received an  
injection in the Emergency Department and cannot drive today. \_\_\_\_\_

Signature of Designated Driver

I hereby acknowledge receipt of instructions indicated above. I understand that I have had only emergency treatment, and that I may be released before all my medical problems are known or treated. I will arrange for follow-up as given above.

M. Murphy  
Patient signature or guardian if patient is unable  
to sign because: \_\_\_\_\_

9/30/96 1800  
Date Time  
(Relationship to patient)

S. Brown  
Witness Signature / Date (Verifying Patient's Signature)

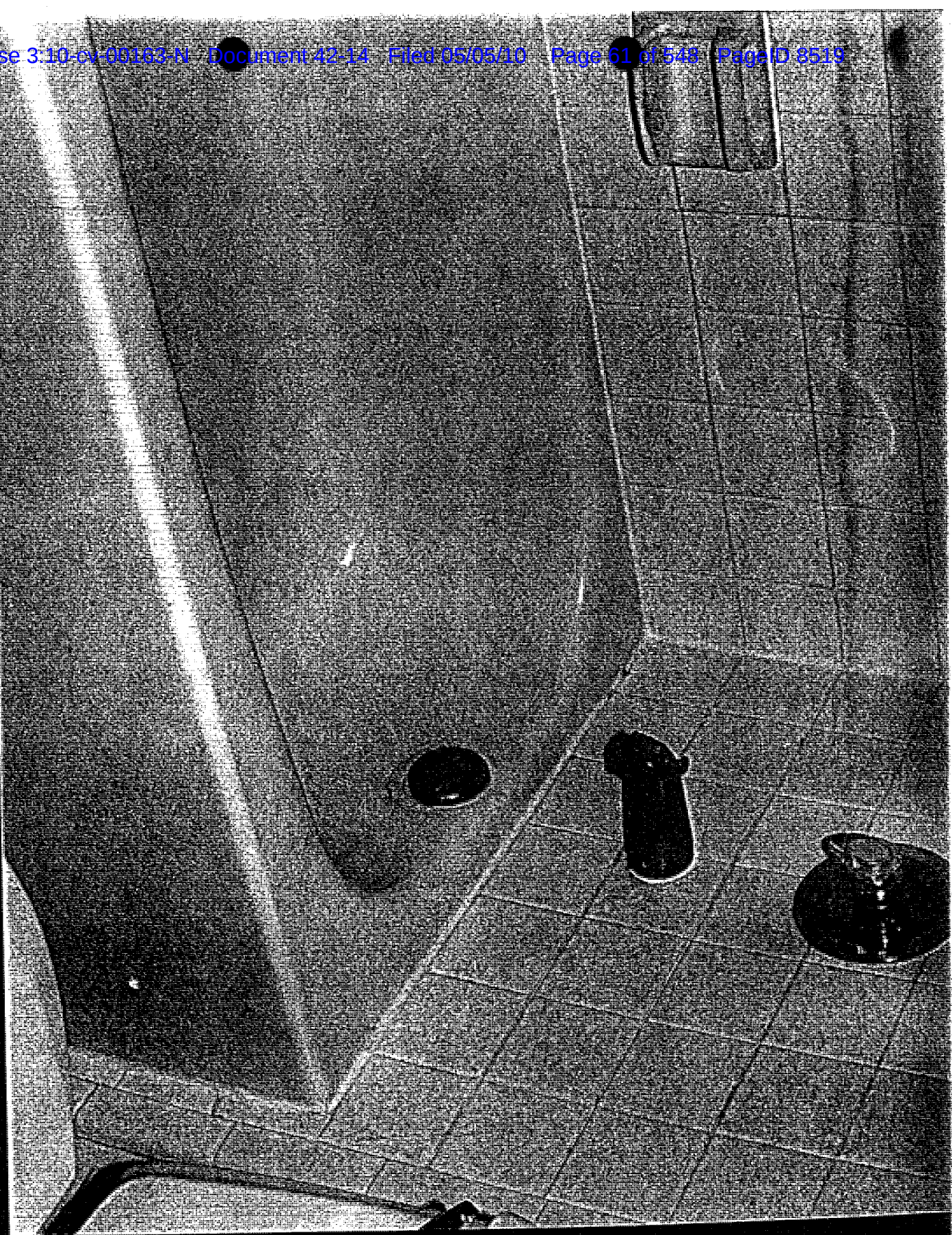
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State's Exhibit Number 75

Photograph of Bathtub

(Copy attached)





PFMAD-Sayona, R.I.

STATES  
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State's Exhibit Number 77

Photograph of Honda

(Copy attached)



PENGAD-Bayonne, N.J.

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State's Exhibit Number 78

Photograph of Honda

(Copy attached)



PENGAD-Bayonne, N.J.

STATE'S  
EXHIBIT

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State's Exhibit Number 79  
Photograph of Honda  
(Copy attached)



ENGAD-Bayonne, N.J.

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State's Exhibit Number 80

Photograph of Honda

(Copy attached)





PENGAD-Bayonne, N.J.

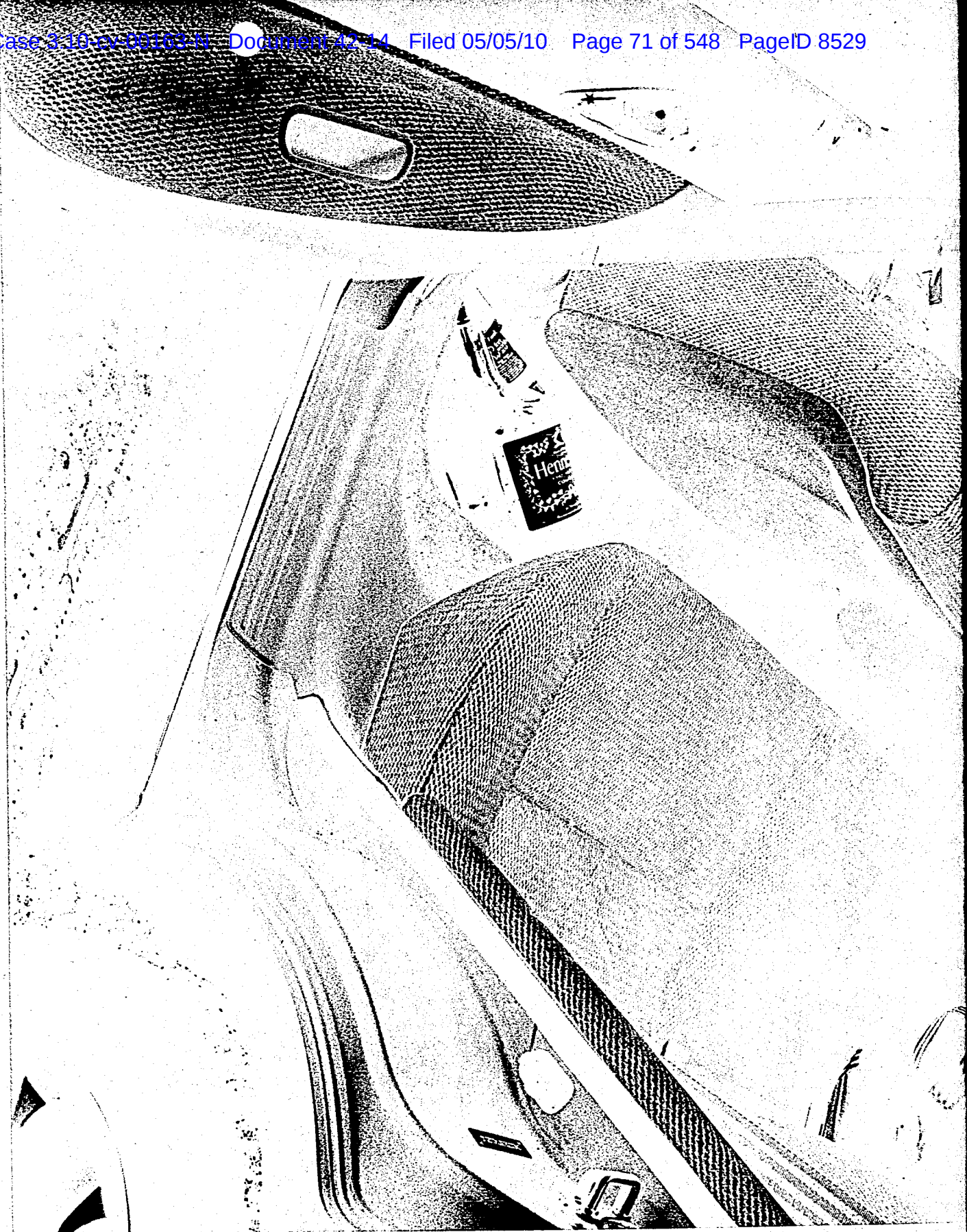
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State's Exhibit Number 81

Photograph of Honda

(Copy attached)



PENGAD-Bayonne, N.J.

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State's Exhibit Number 82

Photograph of Honda

(Copy attached)



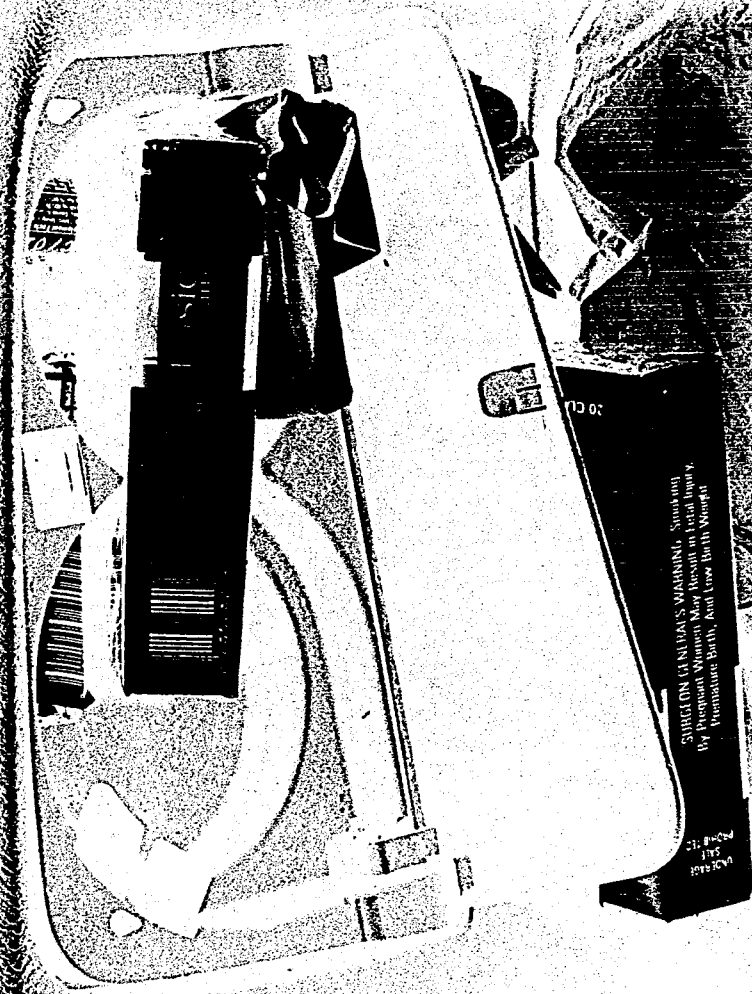


PENGAD-Bayonne, N.J.

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State's Exhibit Number 83  
Photograph of Honda  
(Copy attached)



PENGAD-Bayonne, N.J.

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State's Exhibit Number 83A

Tan Purse

(Not attached - retained by Physical evidence clerk)

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State's Exhibit Number 84

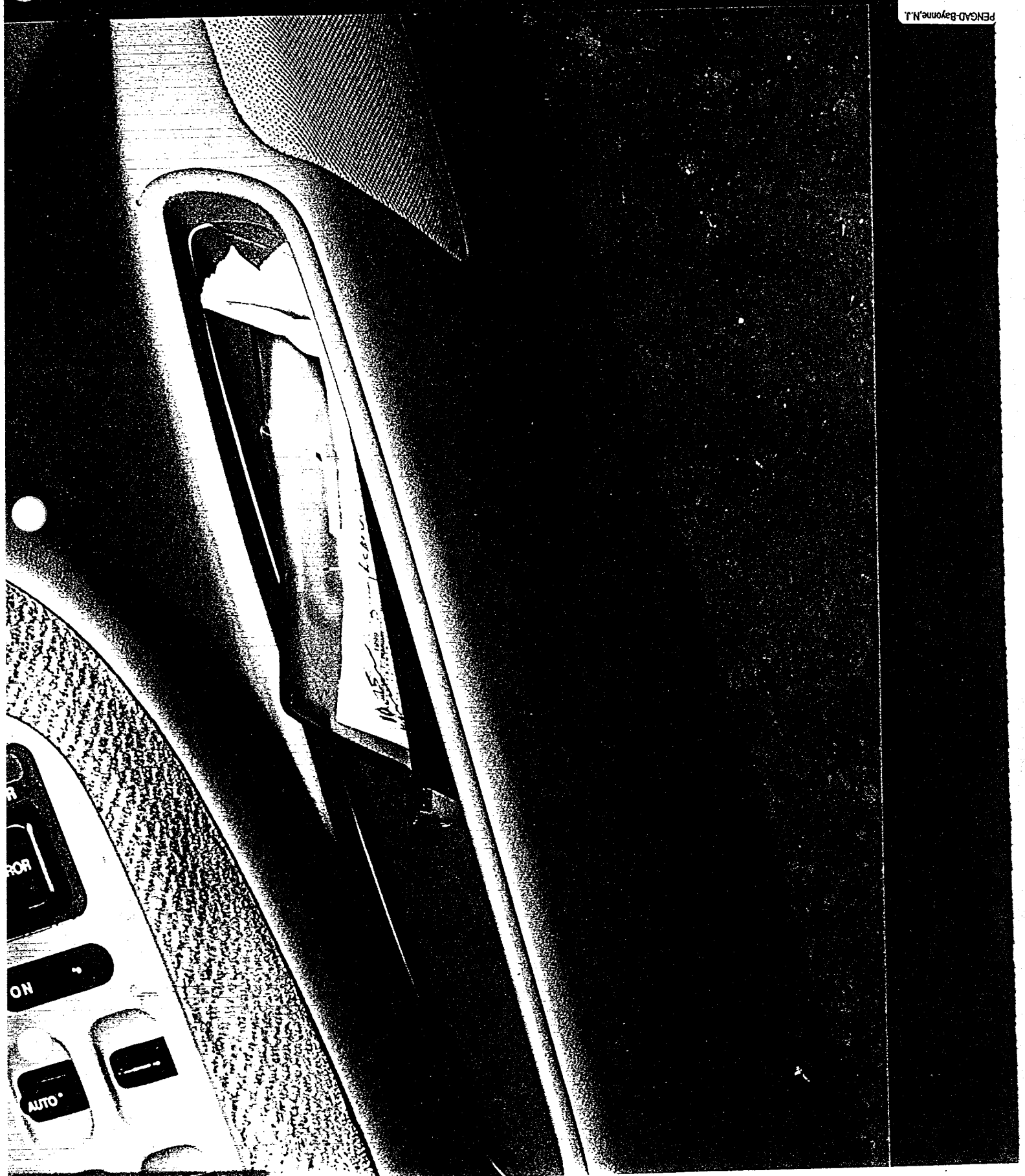
Photograph of Honda

(Copy attached)

STATE'S  
EXHIBIT

84

PENGAD-Bayonne, N.J.



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State's Exhibit Number 86

Brown Leather Wallet

(Copy attached)

(Retained By Physical Evidence Clerk)

STATE'S EXHIBIT

PENNA. BARON, N.J.

STATE'S  
EXHIBIT

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State's Exhibit Number 88

Insurance Card

(Copy attached)

<p><b>TEXAS LIABILITY INSURANCE CARD...</b> This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.</p>		<p>Vehicle - Year, Make, Model of Covered Vehicle, VIN                  1 1998 HONDA ACCORD                  1HGCD5635TA032510</p>	
<p>State Farm Indemnity Automobile Insurance Company                  1-800-252-1932</p>		<p>0130846N01932</p>	
<p>Agent or Producer                  JERRY GAREY                  PHONE# (972)495-9554</p>		<p>Insured                  CUNNINGHAM, BERTIE                  2749 LAUREL OAKS DR                  GARLAND TX 75044-6939</p>	
<p>Policy Number G162599-A01-43C</p>		<p>Renewal Expiration Date                  JUL 01 2001 to JAN 01 2001</p>	
<p>Coverages                  VEH 1 A B2 D1-50 D2-250 H40 R20 C</p>		<p>Drivers                  BERTIE</p>	
<p>STATE'S EXHIBIT 88</p>		<p>KEEP THIS LIABILITY INSURANCE CARD IN YOUR VEHICLE OR POSSESSION</p>	



**Texas Liability Insurance Card** **Tarjeta de Seguro de Responsabilidad de Texas**

Keep this card. **Guarde esta tarjeta.**

**IMPORTANT:** This card or a copy of your insurance policy must be shown when you apply for or renew your:

- motor vehicle registration
- driver's license
- motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a police officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

**IMPORTANT:** Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- registro de vehículo de motor
- licencia para conducir
- etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta, o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisitos pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un período de hasta 180 días (a un costo de \$15 por día).

130-4180 TXPd1

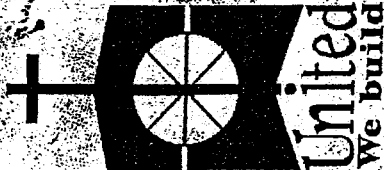
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State's Exhibit Number 89

Church Offering Envelope

(Copy attached)

(Retained By Physical Evidence Clerk)



**Arapaho Road**  
**BAPTIST CHURCH**  
 2256 Arapaho Road • GARLAND, TX 75044

13640

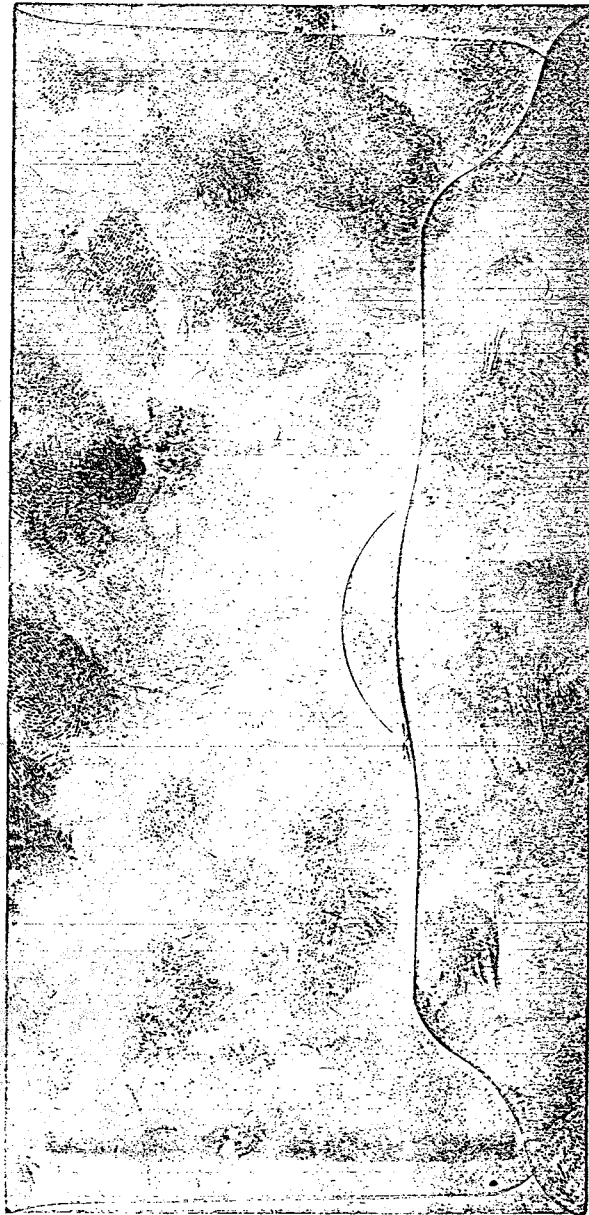
OCT 01 2000  
 MRS. BERTIE CUNNINGHAM  
 2749 LAUREL OAKS DR  
 GARLAND, TX 75044-693949

BUDGET FUND	\$ 110	00
UNITED WE BUILD	\$ 40	00
DESIGNATED Specify	\$	
TOTAL AMT. ENCLOSED	\$ 150	00

STATE'S EXHIBIT 89

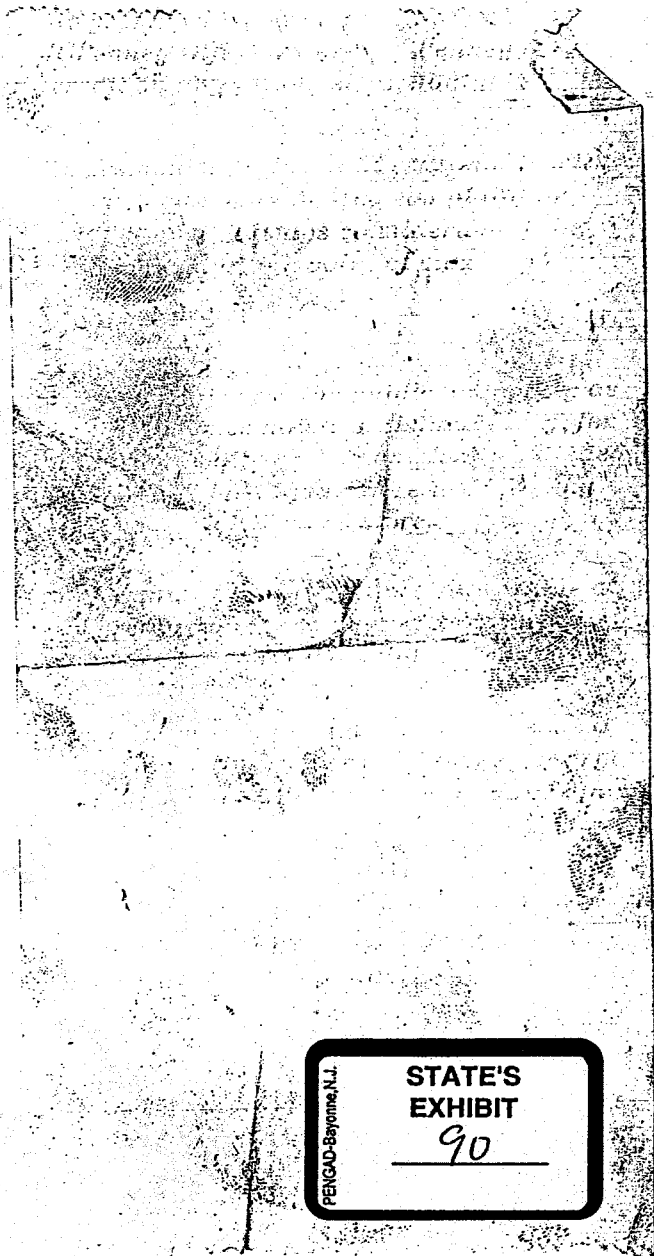
PENGAD-Bayonne, N.J.

"Honor the LORD with your wealth, with the first fruits of all your crops; - Prov. 3:9"



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State's Exhibit Number 90  
JCPenney Receipt  
(Copy attached)



PENGAD-Bayonne, N.J.

**STATE'S  
EXHIBIT**  
90



JCPENNEY  
STORE 2055-2  
PLANO, TX 75075  
972-578-8666

\*C 02:55 PM 5954 2055/204 157

CATALOG INVOICE #332515139

QTY 1 \*SHORT ROBE-M 25.49T  
CAT# R 114-50000  
LN 01-9 ( 4.75 2.49 )

MOSE TOTAL 25.49  
SHIP/HDLG 4.75T  
SUBTOTAL 30.24  
SALES TAX 8.250% 2.49  
XXXXXXXXXXXX7884/XXXX/004318005/M  
DISCOVER 32.73  
CHANGE .00

TTL 10/04/00 32.73

ITS ALL INSIDE

LOG-ON TO JCPENNEY.COM

KEEP THIS SLIP FOR STATEMENT VERIFICATION  
CUSTOMER COPY

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State's Exhibit Number 91

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JCPenney Bag

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(Not attached - retained by Physical evidence clerk)

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State's Exhibit Number 91A

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Blue Robe

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(Not attached - retained by Physical evidence clerk)

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State's Exhibit Number 91B

JCPenney Bloody Bag

(Not attached - retained by Physical evidence clerk)

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State's Exhibit Number 91C

White T-Shirt

(Not attached - retained by Physical evidence clerk)

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State's Exhibit Number 93

Dillard's Plastic Bag

(Not attached - retained by Physical evidence clerk)



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State's Exhibit Number 94

Dillard's Receipt

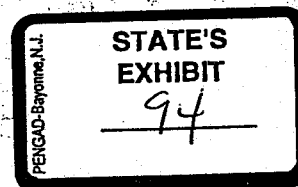
(Copy attached)

WE TRUST YOU WILL BE SATISFIED  
WITH YOUR DILLARD'S PURCHASE.

HOWEVER, SHOULD YOU DECIDE THE  
MERCHANDISE IS NOT SATISFACTORY,  
DILLARD'S ACCEPTS NEW AND  
UNUSED MERCHANDISE FOR  
EXCHANGE OR CREDIT WITHIN  
30 DAYS OF THE PURCHASE DATE.

FOR YOUR CONVENIENCE, BRING  
THIS RECEIPT OR PROOF OF PURCHASE  
LABEL WITH YOUR PURCHASE AT THE  
TIME OF YOUR RETURN.

This receipt is printed on chlorine-free paper.



WE TRUST YOU WILL BE SATISFIED  
WITH YOUR DILLARD'S PURCHASE.

HOWEVER, SHOULD YOU DECIDE THE  
MERCHANDISE IS NOT SATISFACTORY,  
DILLARD'S ACCEPTS NEW AND  
UNUSED MERCHANDISE FOR  
EXCHANGE OR CREDIT WITHIN  
30 DAYS OF THE PURCHASE DATE.

FOR YOUR CONVENIENCE, BRING  
THIS RECEIPT OR PROOF OF PURCHASE  
LABEL WITH YOUR PURCHASE AT THE

**Dillard's**

260308346 0708053

POP LABEL APPROVED  
041034222243  
MODERATE  
NO POP 050422677437 8.250

SUBTOTAL 13.00  
13.250% SALES TAX 0.85  
TOTAL 13.85

DISCOVER CARD  
13.85

ORDER FROM LOUISE

AMOUNT DUE 0.00

THANK YOU FOR SHOPPING DILLARD'S  
13.85

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State's Exhibit Number 97

11

Duffle Bag

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(Not attached - retained by Physical evidence clerk)

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State's Exhibit Number 98

Suitcase with Clothing

(Not attached - retained by Physical evidence clerk)

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State's Exhibit Number 99

11

Receipt

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(Copy attached)

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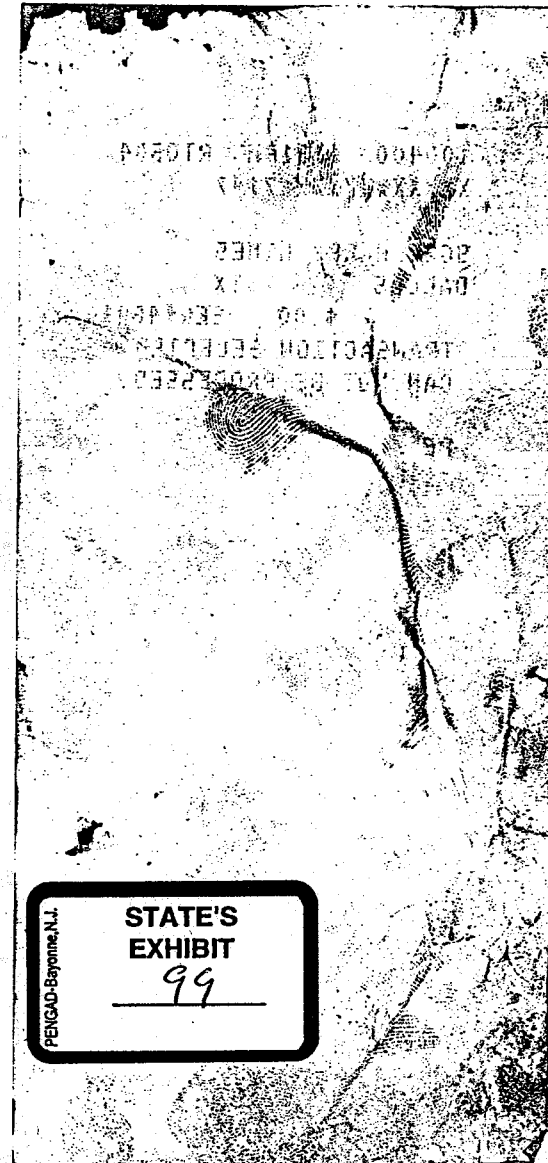
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100400 1131PM RT0504  
XXXXXXXXXXXX7147

9620 HARRY HINES  
DALLAS TX  
\$ .00 SEQ#4891  
TRANSACTION SELECTED  
CAN NOT BE PROCESSED

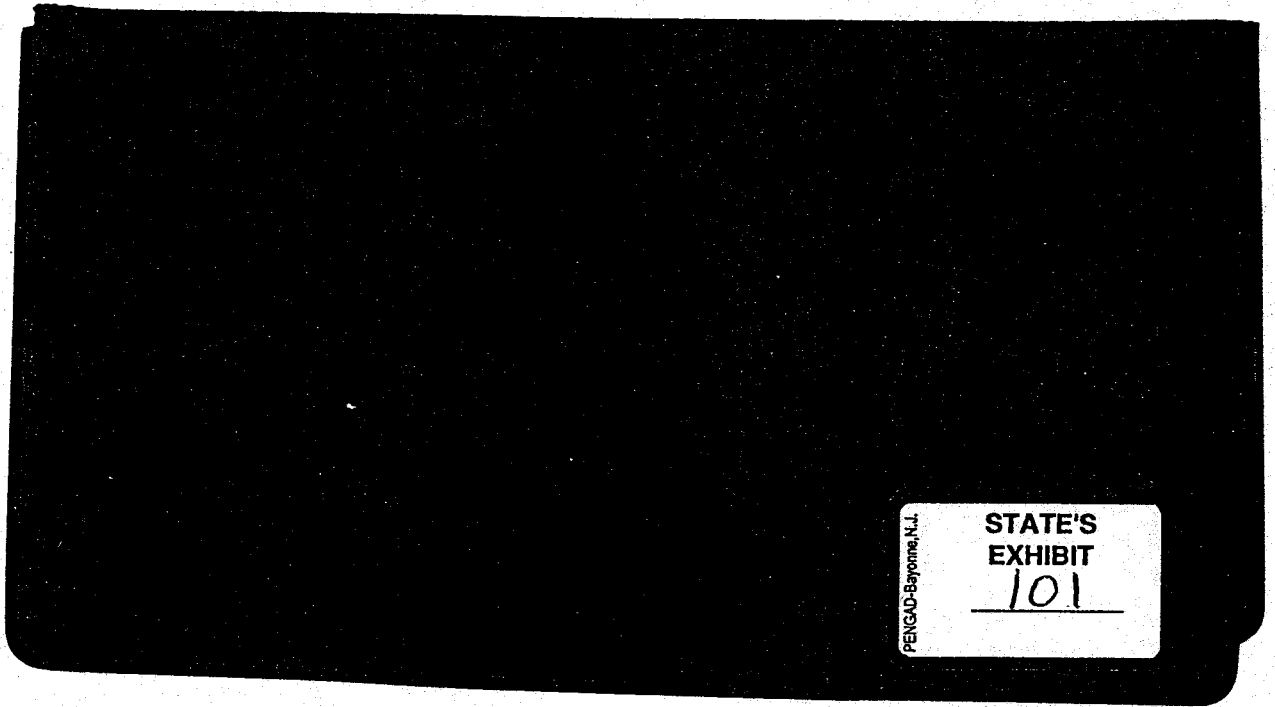
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State's Exhibit Number 101

Checkbook Cover

(Copy attached)



PENGAD-Bayonne, N.J.

STATE'S  
EXHIBIT

101

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State's Exhibit Number 102

Checkbook Register

(Copy attached)

200

REGISTER No.

NAME OF FINANCIAL INSTITUTION

THIS REGISTER CONTAINS  
THE RECORD OF ITEMS  
NUMBERED FROM.

TO

DATED FROM

TO

DELUXE

PENGAD-Bayonne, N.J.

STATE'S  
EXHIBIT  
102

11-15-03-86





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State's Exhibit Number 103

11

Citizen's Bank Receipt

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(Copy attached)

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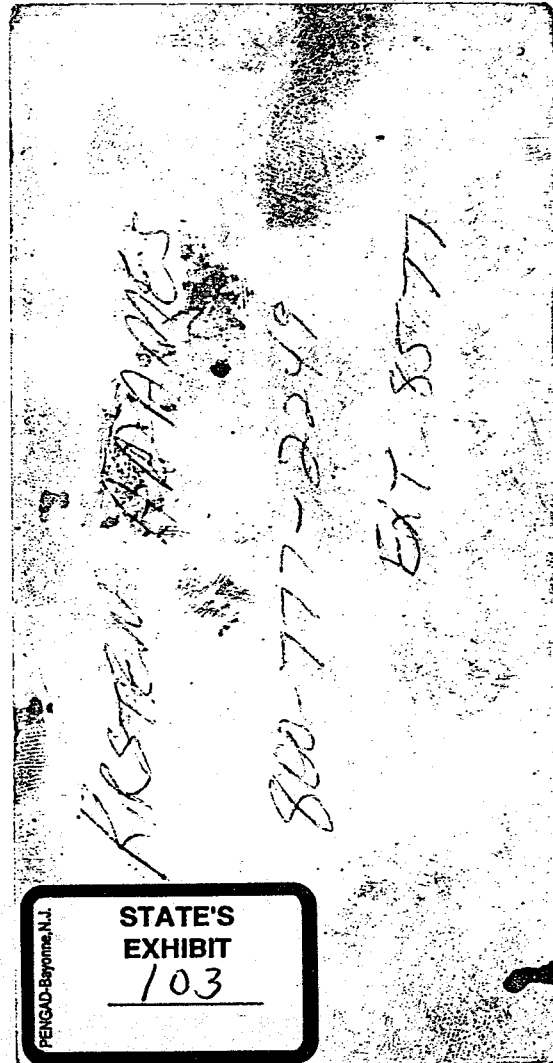
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 **Citizens National Bank**  
P.O. BOX 120  
WILLS POINT, TX 75169  
P.O. BOX D  
GRAND SALINE, TX 75140  
5-65-6-30  
BANKERS PRODUCTS 800-736-3536

**THIS IS YOUR RECEIPT**  
WHEN MAKING A DEPOSIT AT A TELLERS WINDOW, ALWAYS OBTAIN AN OFFICIAL RECEIPT.  
Checks and other items are received for deposit subject to the provisions of the Uniform Commercial Code or any applicable collection agreement.

7088404H  
009 BAC 926 62700#01.6  
\$153.88 P

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL. BANK SYMBOL, TRANSACTION NUMBER AND AMOUNT OF DEPOSIT ARE SHOWN ABOVE.

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State's Exhibit Number 104

Defendant's ID Card

(Copy attached)

[Redacted]

☐ Directive to physician  
has been filed at tel #

☐ Emergency  
contact number

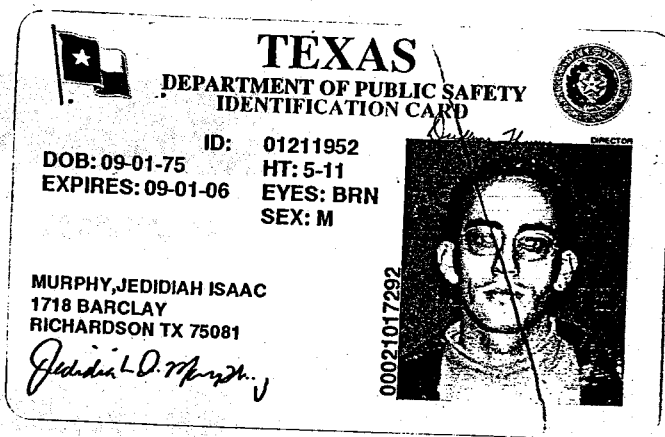
☐ Allergic reaction  
to drugs

TEXAS ROADSIDE ASSISTANCE 1-800-525-5555

STATE'S  
EXHIBIT  
104

PENGLAD-Bayonne, N.J.



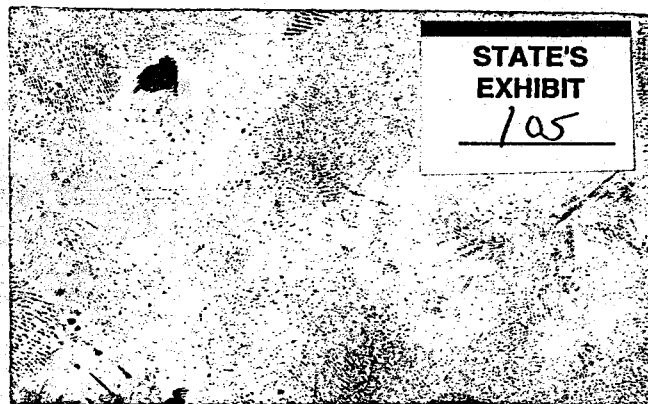


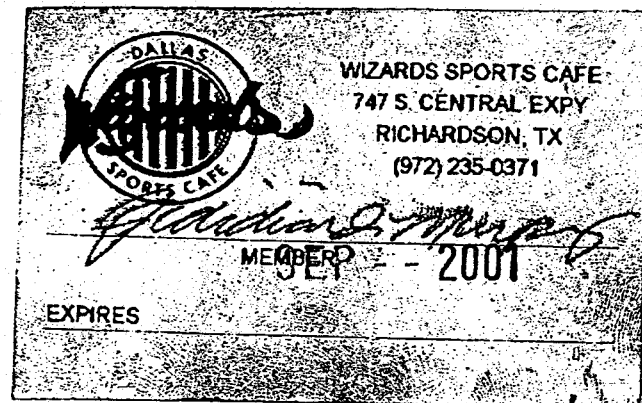
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State's Exhibit Number 105

Wizard's Card

(Copy attached)



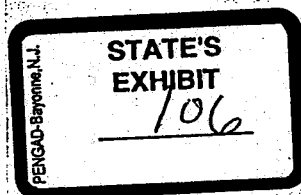


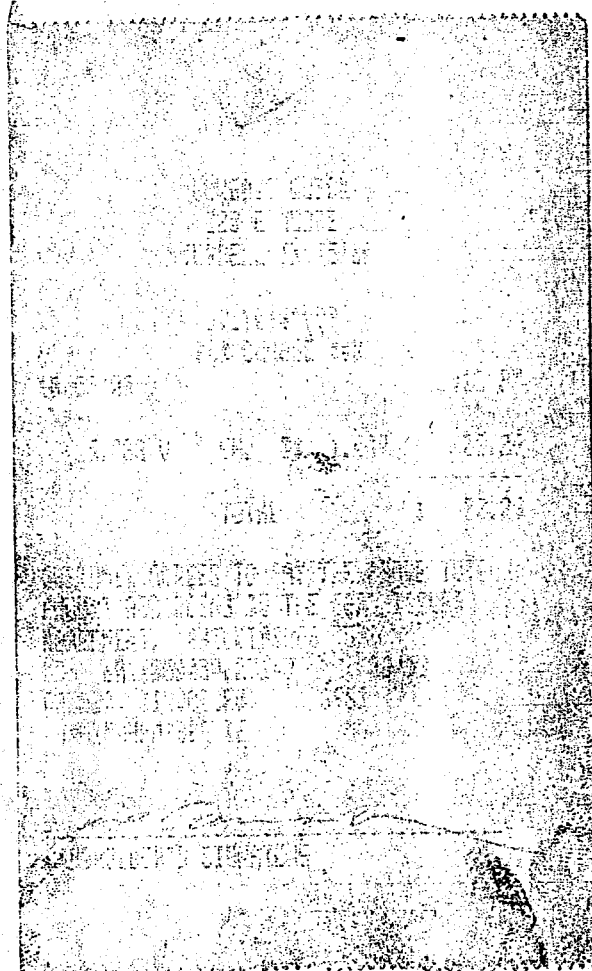
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State's Exhibit Number 106

Cowboys Receipt

(Copy attached)







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State's Exhibit Number 107A  
Workers Compensation Receipt  
(Copy attached)

POLICY NO.	CLAIM NO.	INSURED CLAIMANT	NAME	CHECK NO.
WC 1312912	011000011160160	GRIFFIN PRODUCTS INC	JEDIDIAH ISAAC MURPHY	0116071970
LOSS DATE	CAUSE OF LOSS			AGENCY NO.
06/22/00	WORKERS COMPENSATION INDEMNITY PARTIAL PAYMENT			0103551

ADJUSTER

9W2

JEDIDIAH ISAAC MURPHY  
727 E NORTH COMMERCE ST #4  
WILLS POINT TX 75169-2700

MAIL  
TO

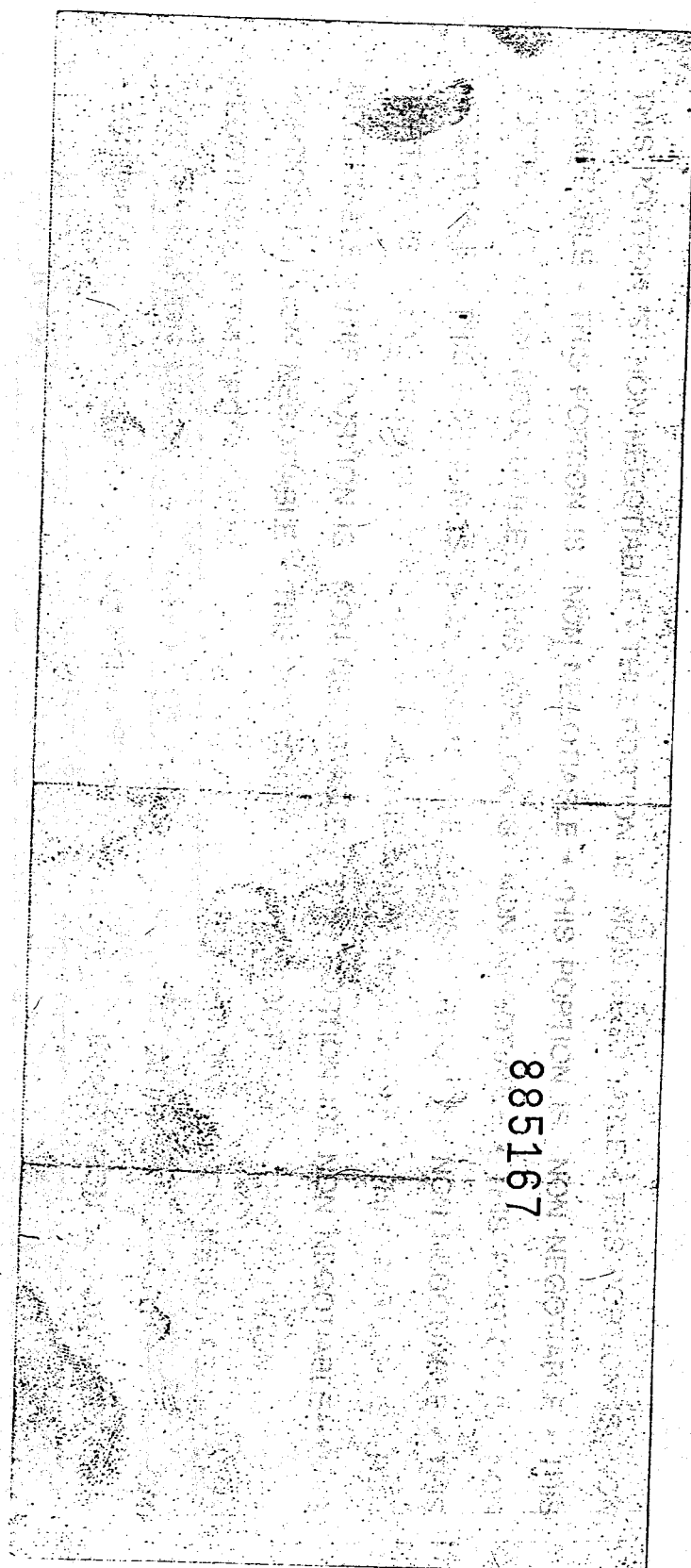
NOTES

7/2-7/8/00

STATES  
EXHIBIT

107A

PENGAD-Bayonne, N.J.



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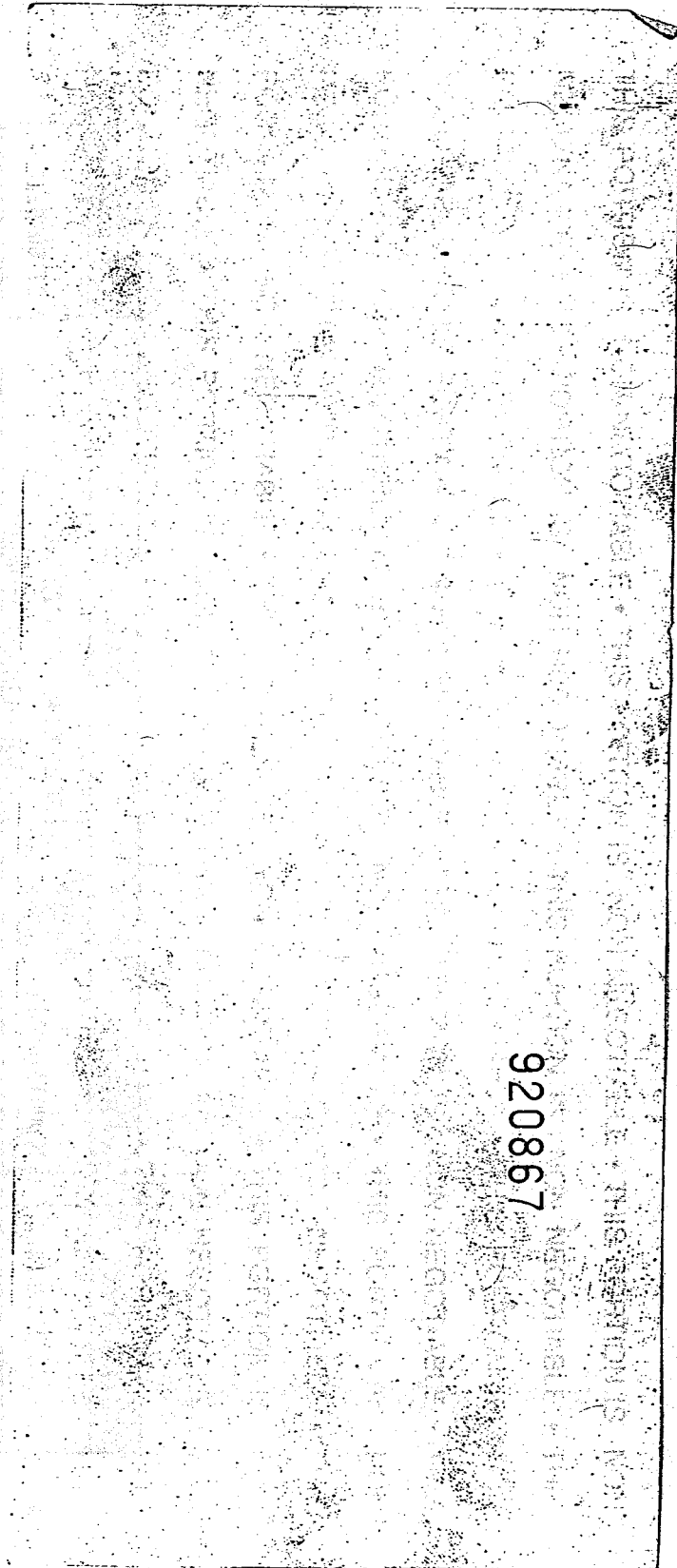
State's Exhibit Number 107B  
Workers Compensation Receipt  
(Copy attached)

POLICY NO.	CLAIM NO.	INSURED CLAIMANT	NAME	CHECK NO.
WC 1312912	01E000011160160		GRIFFIN PRODUCTS INC	0116075127
LOSS DATE	CAUSE OF LOSS			AGENCY NO.
06/22/00	WORKERS COMPENSATION INDEMNITY PARTIAL PAYMENT			0103551

MAIL TO JEDIDIAH ISAAC MURPHY  
727 E NORTH COMMERCE ST #4  
WILLS POINT TX 75169-2700

ADJUSTER 9W2  
NOTES 7/23-7/29/00

STATE'S EXHIBIT  
 107B  
 PENGAD-Byonne, N.J.



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State's Exhibit Number 107C  
Workers Compensation Receipt  
(Copy attached)



POLICY NO.	CLAIM NO.	INSURED CLAIMANT	NAME	CHECK NO.
WC 1312912	011000011160160	JEDIDIAH ISAAC MURPHY	GRIFFIN PRODUCTS INC	0116079801
LOSS DATE			CAUSE OF LOSS	AGENCY NO.
06/22/00			WORKERS COMPENSATION INDEMNITY PARTIAL PAYMENT	0103551

MAIL TO JEDIDIAH ISAAC MURPHY  
727 E NORTH COMMERCE ST #4  
WILLS POINT TX 75169-2700

ADJUSTER 9W2  
NOTES 9/5-9/11/00

STATE'S EXHIBIT  
107C  
 PENGAD-Bayonne, N.J.

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State's Exhibit Number 107D  
Workers Compensation Receipt  
(Copy attached)

POLICY NO.	CLAIM NO.	INSURED CLAIMANT	NAME	CHECK NO.
WC 1312912	011000031160160	JEDIDIAH ISAAC MURPHY	GRUFFIN PRODUCTS INC	0115082873
LOSS DATE	CAUSE OF LOSS			AGENCY NO.
06/22/00	WORKERS COMPENSATION INDEMNITY PARTIAL PAYMENT			0103551

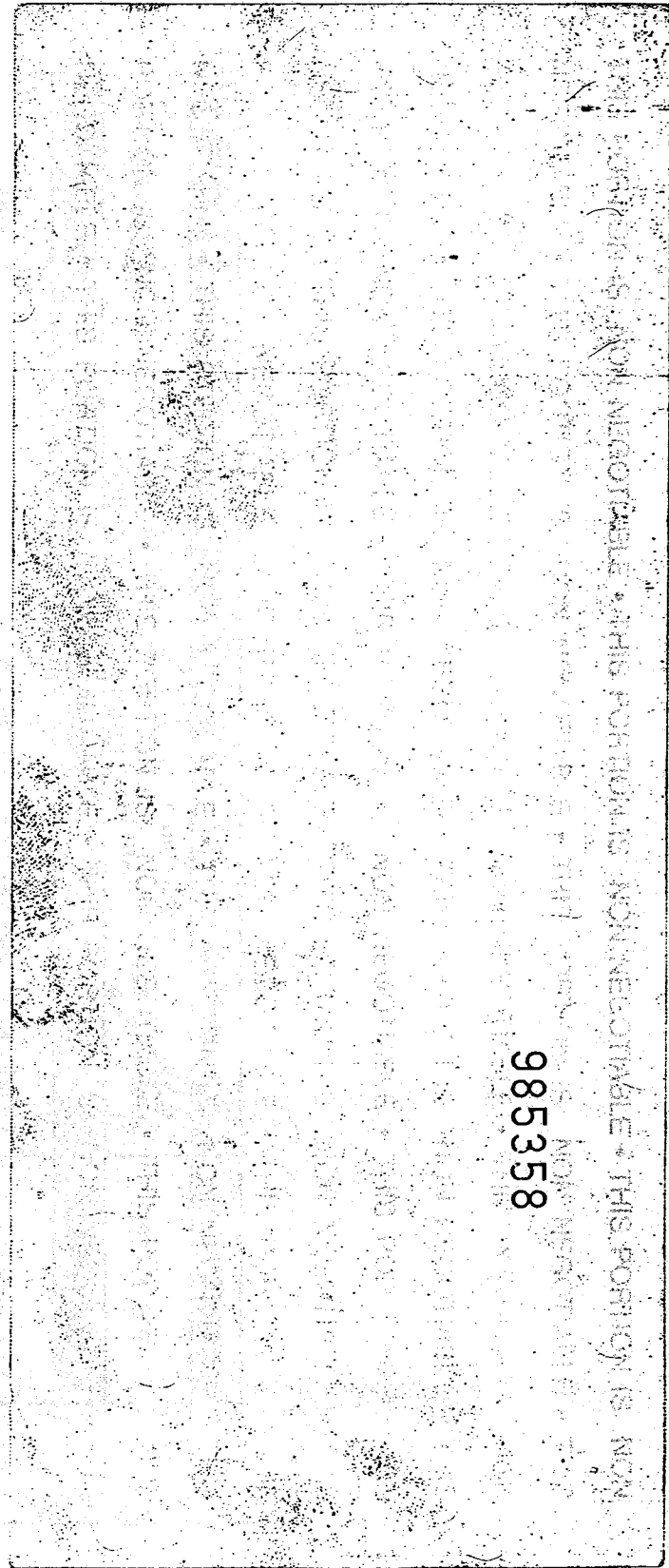
ADJUSTER  
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NOTES

9/26-10/2/00

MAIL  
TO  
JEDIDIAH ISAAC MURPHY  
1718 BARCLAY  
RICHARDSON, TX 75081

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107D  
PENGAD-Bayonne, N.J.



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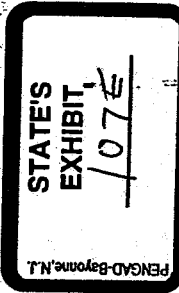
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State's Exhibit Number 107E  
Workers Compensation Receipt  
(Copy attached)

POLICY NO.	CLAIM NO.	INSURED CLAIMANT	NAME	CHECK NO.
WC 1312912	Q11000011160160	GRiffin PRODUCTS INC	GRiffin PRODUCTS INC	0116080559
LOSS DATE	CAUSE OF LOSS			AGENCY NO.
06/22/00	WORKERS COMPENSATION INDEMNITY PARTIAL PAYMENT			0103551

ADJUSTER 9W2  
NOTES 9/12-9/18/00

MAIL JEDIDIAH ISAAC MURPHY  
TO 1718 BARCLAY  
RICHARDSON TX 75081





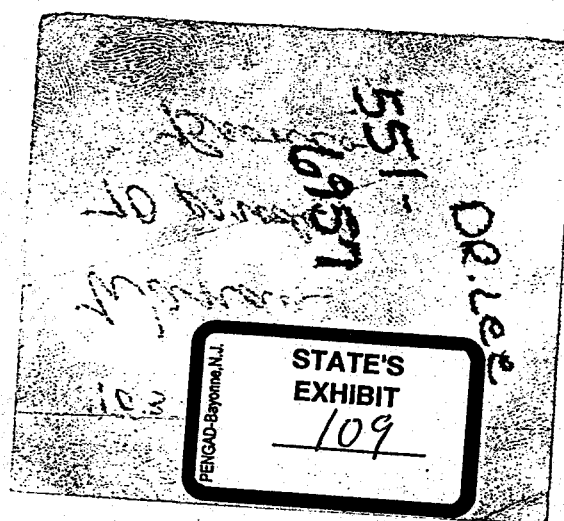
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State's Exhibit Number 109

Paper with Dr. Lee's Name

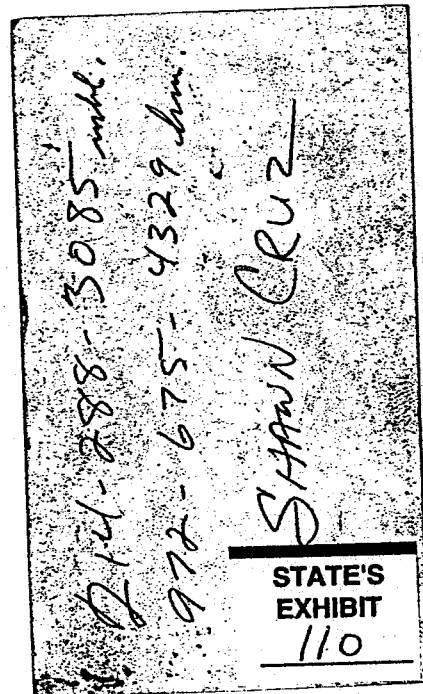
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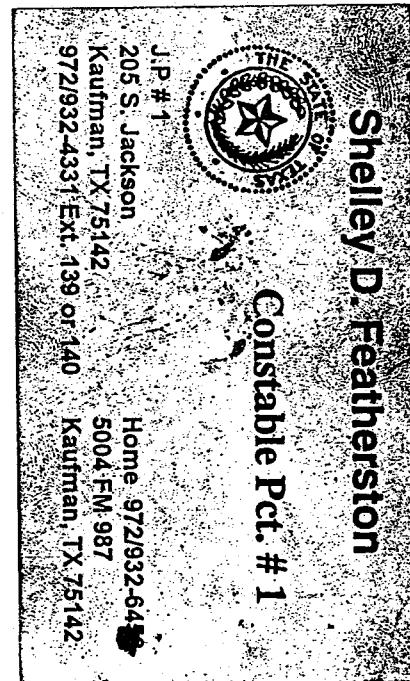




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State's Exhibit Number 110  
Shelley Featherston's Card  
(Copy attached)





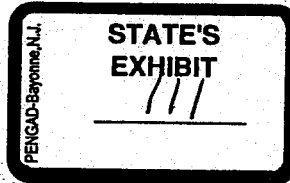


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State's Exhibit Number 111

Lynk Systems Paper

(Copy attached)



Lynk Systems, Inc.  
Atlanta, GA  
1-800-859-5965

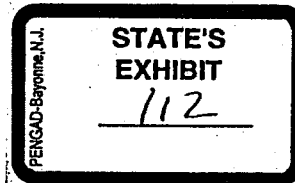
Your Single Source  
Merchant Services  
Provider

Lynk Systems, Inc.  
Atlanta, GA  
1-800-859-5965

Your Single Source  
Merchant Services  
Provider

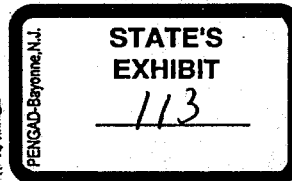
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State's Exhibit Number 112  
Yellow Piece of Paper  
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State's Exhibit Number 113  
Yellow Piece of Paper  
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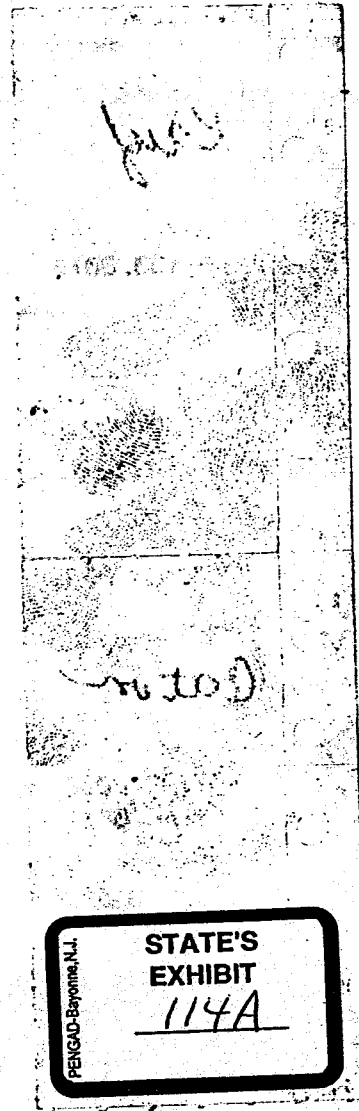


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State's Exhibit Number 114A

Money Order Receipt

(Copy attached)



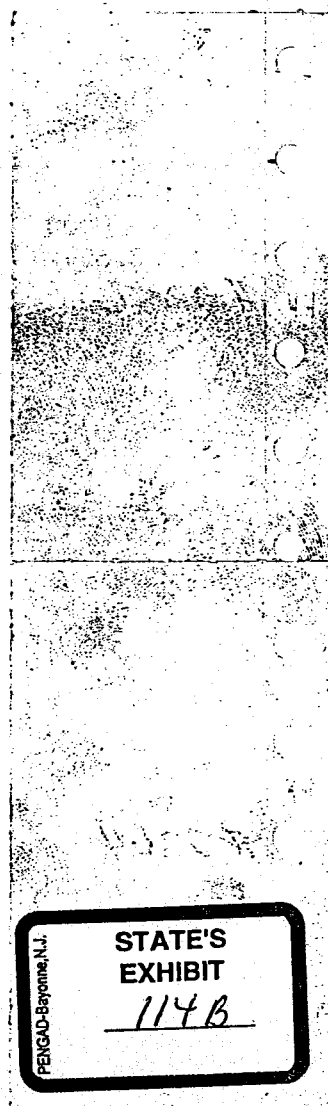
M 97745-G	<b>PURCHASER'S RECEIPT</b> PLEASE COMPLETE AND SIGN THIS MONEY ORDER PROMPTLY
	146849105 <i>Kauf</i> PAID TO
	07/02/2000 **\$50.00**
	<b>FIDELITY EXPRESS MONEY ORDER CO.</b> P.O. Box 768 • Sugar Springs, TX 75483-0768 Phone 503-885-1283 <small>The customer agrees to fill in this money order form in ink in the spaces provided. The merchant cashing this money order is on notice that this is not a travelers check and should this item bear an unauthorized signature, be stolen, improperly completed or altered, the issuer will stop payment herein or charge back against any endorsement. In the event this money order is lost or stolen, the customer should return to the store of purchase for instructions for redeeming or replacing the money order. The customer should retain receipt of this money order as it is the only evidence of purchase of the money order bearing the serial number as listed above.</small>
-M 97745-G	<b>PURCHASER'S RECEIPT</b> PLEASE COMPLETE AND SIGN THIS MONEY ORDER PROMPTLY
	146849106 <i>Caton</i> PAID TO
	07/02/2000 **\$50.00**
	<b>FIDELITY EXPRESS MONEY ORDER CO.</b> P.O. Box 768 • Sugar Springs, TX 75483-0768 Phone 503-885-1283 <small>The customer agrees to fill in this money order form in ink in the spaces provided. The merchant cashing this money order is on notice that this is not a travelers check and should this item bear an unauthorized signature, be stolen, improperly completed or altered, the issuer will stop payment herein or charge back against any endorsement. In the event this money order is lost or stolen, the customer should return to the store of purchase for instructions for redeeming or replacing the money order. The customer should retain receipt of this money order as it is the only evidence of purchase of the money order bearing the serial number as listed above.</small>

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State's Exhibit Number 114B

Money Order Receipt

(Copy attached)



**PURCHASER'S RECEIPT**  
PLEASE COMPLETE AND SIGN THIS  
MONEY ORDER PROMPTLY

151007289

PAID TO

09/04/2000

\*\*\*33.59\*\*

#2356

FIDELITY EXPRESS MONEY ORDER CO  
P.O. Box 768 • Sulphur Springs, TX 75483-0768  
Phone 903-885-1283

The customer agrees to fill in this money order form in ink in the spaces provided. The merchant cashing this money order is to be advised that this is not a travelers check and should only be cashed at the place of purchase. It is the responsibility of the customer to ensure that this money order is properly completed and signed. If the money order is cashed at a place other than the place of purchase, the customer should retain receipt of this money order as it is the only evidence of purchase of the money order bearing the serial number as listed above.

M 8745-G

**PURCHASER'S RECEIPT**  
PLEASE COMPLETE AND SIGN THIS  
MONEY ORDER PROMPTLY

151007290

PAID TO

09/04/2000

\*\*\*32.86\*\*

#2364

FIDELITY EXPRESS MONEY ORDER CO  
P.O. Box 768 • Sulphur Springs, TX 75483-0768  
Phone 903-885-1283

The customer agrees to fill in this money order form in ink in the spaces provided. The merchant cashing this money order is to be advised that this is not a travelers check and should only be cashed at the place of purchase. It is the responsibility of the customer to ensure that this money order is properly completed and signed. If the money order is cashed at a place other than the place of purchase, the customer should retain receipt of this money order as it is the only evidence of purchase of the money order bearing the serial number as listed above.

M 8745-G

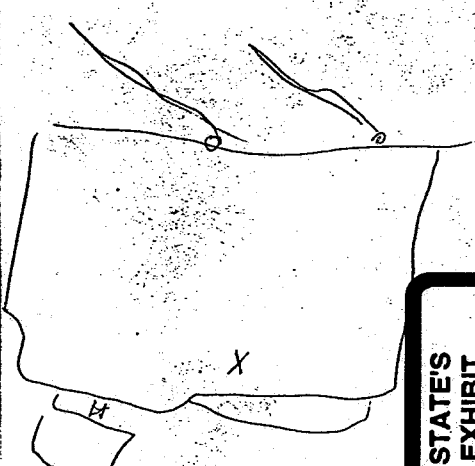
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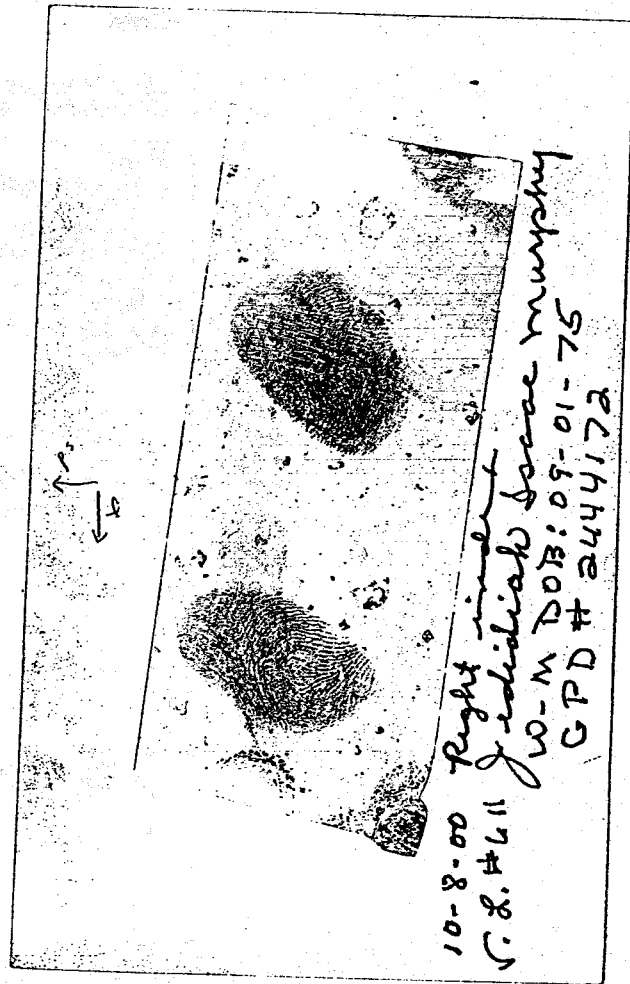
State's Exhibit Number 115

Print (Hood)

(Copy attached)



Date	FI #	CF #
10-06-00	00-2831-	5121188 16030225
Offense (Type & NO.) <u>Homicide</u>		
Victim <u>Cunningham</u>		
Address <u>1600 Commerce</u>		
Prints Lifted From <u>driver's side of front hood</u>		
Lifted By <u>Thompson #607</u>		
Investigator's Comments:		
		
<div style="border: 1px solid black; padding: 5px; text-align: center;">STATE'S EXHIBIT 115 PENGAD-Bayonne, N.J.</div>		



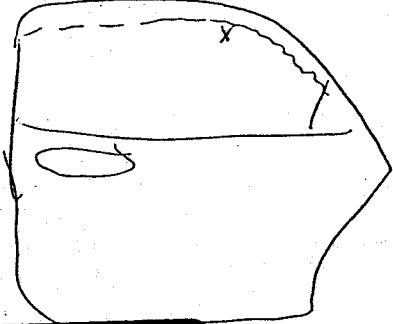
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State's Exhibit Number 116

Print (Rear Window)

(Copy attached)

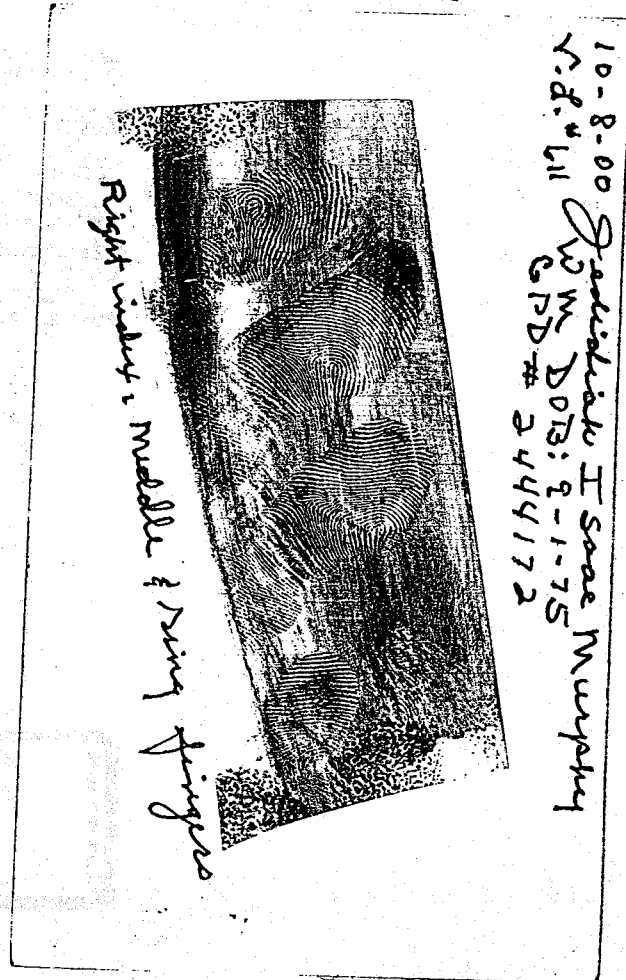
Date	FI #	CF #
10-06-00	00-2881	E121188 R 030225
Offense (Type & NO.)		
Homicide		
Victim		
Cunningham		
Address		
1600 Commerce		
Prints Lifted From		
interior upper edge of rear pass door window		
Lifted By		
Noggin #607		
Investigator's Comments:		

PENGAD-Bayonne, N.J.

STATE'S  
EXHIBIT  
116

COG120-148



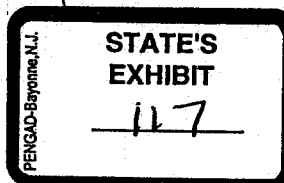
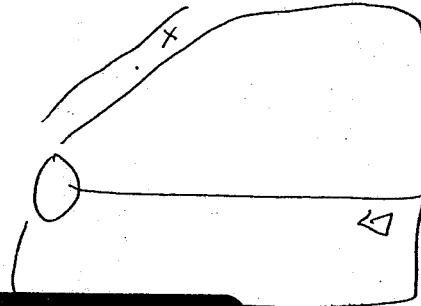
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State's Exhibit Number 117

Print (Rear Window)

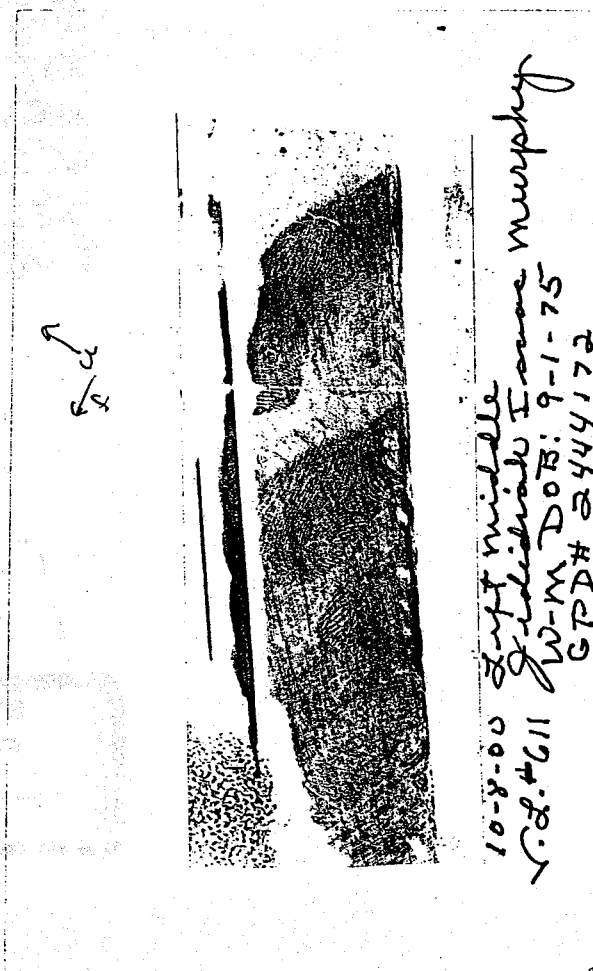
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Date	FI #	CF #
16-06-00	00-2331	E111137
Offense (Type & NO.)		
Homicide		
Victim		
Cunningham		
Address		
1600 Commerce		
Prints Lifted From		
exterior drivers door frame		
Lifted By		
Shawn #607		
Investigator's Comments:		



COG120-148





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State's Exhibit Number 118

Print (Door Handle)

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10-06-00	00-2531	E121182 R 030225
Offense (Type & NO.)		
Homicide		
Victim		
Cunningham		
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1600 Commerce		
Prints Lifted From		
interior and door handle car w/		
Lifted By		
[Signature]		
Investigator's Comments:		

PENGAD-Bayonne, N.J.

**STATE'S  
EXHIBIT**

118

COG120-148



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State's Exhibit Number 119

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Print (Cigarette Package)

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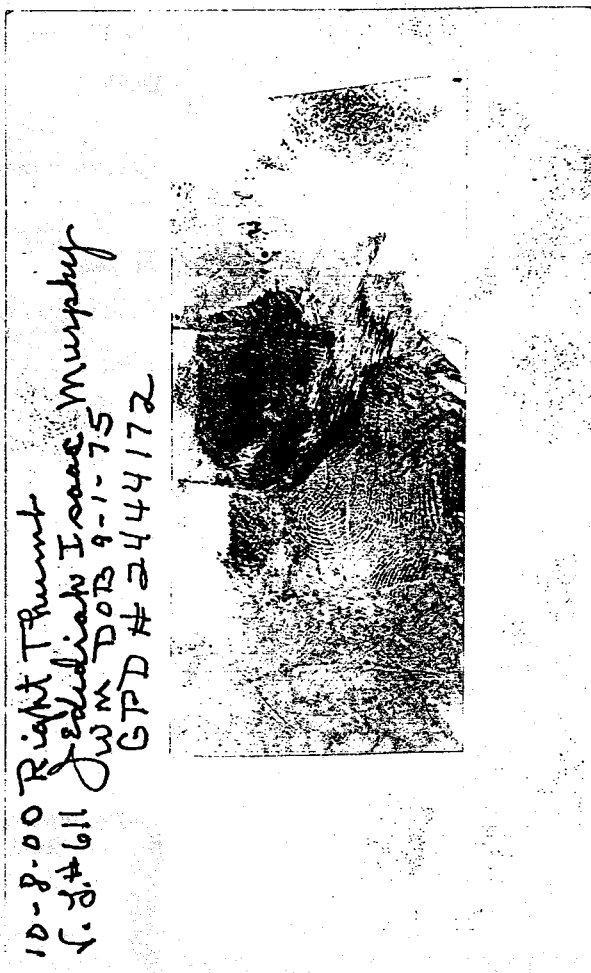
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Date	FI #	CF #
10-07-00	00-2831	E121188
Offense (Type & NO.) 1		
Victim Bertie Cunningham		
Address 217 N. Fifth		
Prints Lifted From unopened pack of Basic Mental		
Lifted By JTH/100 Lights 100's		
Investigator's Comments:		

STATE'S  
EXHIBIT  
119

PENGAD-Bayonne, N.J.

COG120-148



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State's Exhibit Number 120

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Prints From Jail

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TRN <b>2444172</b>		DPS NO. (SID)		FBI NO.		CONTRIBUTOR ORI TX0571100		LEAVE BLANK	
NAME (LAST, FIRST, MIDDLE) <b>MURPHY, JEDIDIAH ISAAC</b>						DATE OF BIRTH 09011975		PLACE OF BIRTH	
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SKIN TONE		SOCIAL SECURITY NO.			MISC NO.			CTZ.	
DRIVER LICENSE NO.			STATE	TYPE	ID CARD NO.		STATE		TX
ALIAS NAME(S)					ADDRESS				
ARRESTING AGENCY					TRANS. HAZ MATERIAL?	OPER. COM. VEHICLE?	LIC PLATE NO.	STATE	YEAR
ORI:					YORN <input type="checkbox"/>	YORN <input type="checkbox"/>	DATE OF ARREST		AGENCY ARREST NO.
NAME:					AGENCY CASE NO.		FIREARM CODE	PRINTED BY:	DATE
BUSH - REB <b>R83341</b>					100600				
TRS A001	OFFENSE CODE	GOC	OFFENSE			STATUTE CITATION		LEVEL & DEGREE	FELONY <input type="checkbox"/> CAPITAL, 1, 2, OR 3
							MISDEMEANOR <input type="checkbox"/> A, OR B		

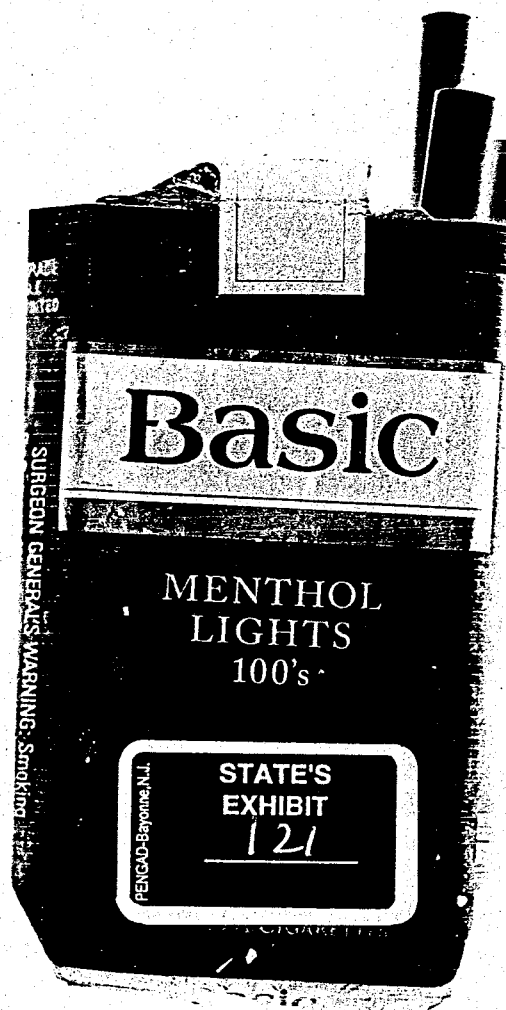
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6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
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State's Exhibit Number 121  
Package of Cigarettes  
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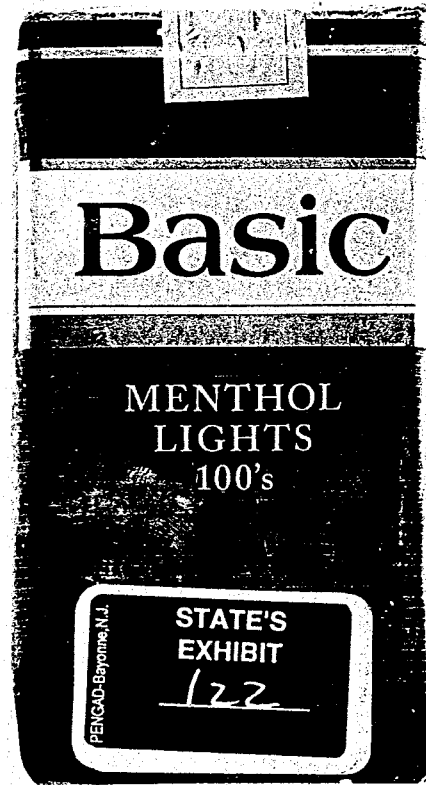


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State's Exhibit Number 122

Package of Cigarettes

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State's Exhibit Number 123

Trash Bag of Clothes

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State's Exhibit Number 124

Duffle Bag with Clothes

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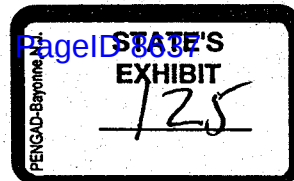


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State's Exhibit Number 125

Claim's Interview

(Copy attached)



STATEMENT OF JEDIDIAH ISAAC MURPHY

representative Joanne Gilmore with Employers General Insurance. I am talking on telephone to Mr. Jedidiah Isaac Murphy. I am investigating a job accident involving his employer, Griffin Products and today's date is September 13, 2000 and it is approximately 5:05 P.M. Um would you state your full name, please?

A My name is Jedidiah Isaac Murphy.

Q Ok. Is that J-e-d-i-d-i-a-h?

A Yes ma'am.

Q Isaac, I-s-a-a-c?

A Yes ma'am.

Q Murphy, M-u-r-p-h-y?

A Yes ma'am.

Q Ok. What is your current mailing address?

A 1718 Barclay, Richardson, Texas 75081.

Q Ok. And your home phone number?

A 972-497-9949.

Q Ok. What county do you live in?

A Uh I believe it'd be Dallas County.

Q Ok. I have your social security number as 456-71-2610.

A Yes ma'am.

Q And what is your date of birth?

A 9/1/75.

Q You just had a birthday.

A Yes ma'am.

Q Ok. How old are you?

A I'm 25.

Q And your marital status?

A I'm single.

Q Do you have any dependents?

A I have one daughter.

Q And the age?

A She's three.

Q Ok. And your occupation?

A I'm a welder.

Q And who's your employer?

A Griffin Products.

Q And they're located where?

A Wills Point, Texas.

Q How long have you been working for them?

A Uh I just started for them. I was working for a previous company before them for almost two years and then I moved there for location because my wife was having kidney surgery, I needed to be closer to the house so I've been there probably about 2½, 3 weeks at the time of the injury.

Q Ok. How long have you been a welder?

A Uh since I was 18 so 6, 7 years. That's what I've done my whole life.

Q Ok. Were you hired in the State of Texas?

A Yes ma'am.

Q And what's your driver's license number?

A 12468174.

Q Is that Texas?

A Yes ma'am.

Q Regular or CDL?

A Regular.

Q Ok. What type of education do you have?

A I graduated from high school and had one year of college.

Q Ok. Who do you report to at Griffin Products?

A Steve Fritcher (sp.?)

Q And what's his job title?

A I believe he's the plant manager.

Q Ok. What are your normal job duties there at Griffin Products as a welder?

A I'm a stainless steel tig welder. I mold sinks and tubs, basins and weld them.

Q Do you have any other employment or jobs?

A At this, you mean other than that one job?

Q Yes sir.

A No ma'am.

Q Ok. And who did you work for before Griffin Products?

A I worked for R&R Designs.

Q How do you spell that?

A Just the letter "R" ....

Q R&R?

A R&R.

Q Ok.

A Designs.

Q And where are they located?

A Terrell, Texas.

Q And how long were you there?

A Almost two years.

Q Almost two years?

A Yes ma'am.

Q And your job there was?

A (Inaudible) welder, tig welder. Well, I was a mig and tig welder there.

Q Do you have any other past skills other than welding?

A Uh I drove trucks and I'm an operator like heavy equipment. I've got a lot of different things I've done but welding's usually my main source of income. I usually weld and do things on the side like for other people. Help them or do jobs, little jobs for them. I was a contractor for awhile but with a child, you know, the travel, I couldn't do that anymore.

Q Ok. Were you ever in the military?

A No ma'am.

Q Ok. Are you losing time from work now?

A Yes ma'am.

Q When's the last day that you worked?

A Oooh, June uh the end of June.

Q Of 2000.

A Yes ma'am.

Q Ok. And your wages, are you paid by the hour?

A Yes ma'am.

Q Ok. What's your hourly rate of pay?

A I was making 9 there, \$9.00.

Q Were you paid weekly?

A Bi-weekly.

Q And how many hours do you normally work each week?

A At least 40.

Q Ok. Do you remember the day of your accident?

A Uh the actual day, no ma'am, I don't. I have the paperwork but I don't have it with me.

Q Ok. What day of the week was it? Do you remember that?

A No ma'am, I don't even remember that.

Q Ok.

A I think it was mid-week, Wednesday or Thursday.

Q So as best as you can recall what month was it?

A It was in June.

Q Ok. And you think it was either a Wednesday or Thursday?

A Yes ma'am.

Q About what time?

A Uh before lunch. About 11:00, 10:30, 11:00.

Q Ok. That would be A.M.?

A Yes ma'am.

Q Ok. And where were you located?

A I was, you mean where was, in the shop where was I located?

Q Um no, where's the shop located?

A The shop is in Wills Point and each welder at the shop has a place to, like a station where they weld and I was in my station at the time of the injury.

Q Ok. So you were in the shop, is this a shop belonging to Griffin Products?

A Yes ma'am. More of a warehouse, it's a pretty big place.

Q Ok. What happened?

A How did the injury occur?

Q Yes sir.

A Ok. They have, it's like a hammer and a dolly and the dolly being a spherical shaped piece of steel that you put on the back side of it to mold the sinks before welding and you have to kind of work your dolly in the seam to get it to match up and fit right so you can weld it seamless where it wouldn't be uh it'd be real smooth and I was hammering with my dolly and I sat my dolly down on the table. Well, the dolly being kind of like uh more of a, like a rod almost, a small rod, I sat it on my table and the tables are usually bent up because of the weight of the steel and different things and I set it on the table and it was fixing to roll off the edge and it just rolled off and I thought I could snatch it like before it hit the ground, I didn't want it to hit the ground, and I went down to get it, I went past the table and my, the edge of my thumb caught the edge of the table and just snapped it straight back. Dislocated it.

Q Ok. This dolly you said is what kind of shape?

A It's not a sphere but more of a, probably about a 4 inch rod steel, probably an inch and a half in diameter, 4 inches long. Just solid steel rod.

Q (Pause) Ok. And you put this on the back of what now?

A I put it on top of my table.

Q Ok.

A After you get done hammering right before you weld, you know, I just set my dolly down on my table until you need it. Like throughout the whole process you need that dolly so it's kind of handy to kind of have it right there with you. So I just laid it on the table like I normally done.

Q (Pause) Ok. Who did you report this incident to?

A Uh immediately I went to like the shop, head welder just like two stations down from me and showed him my thumb and I knew I, I thought I broke it because it popped real loud and I don't know if that was from the dislocation of the tendon snapping or what but I

knew that my, it was already swelling up and it didn't look right at all, it was out of position so I showed the first person next to me which happened to be my boss or like the head welder.

Q (Pause) What's his name?

A I can't even remember. I can't remember his name. I didn't, I don't really socialize with people on jobs, I kind of more or less keep to myself so I would know his name but I can't remember it now. I didn't talk to many people. See if Mr. Fritcher would know his name. Harlon, that's what it is. Harlon, H-a-r-l-o-n.

Q (Pause) Ok. Do you belong to a certain work crew?

A Well, yeah, there's welders, yeah, and there's painters and there's grinders, there's quite a few different things going on in there and I, there's not but like 6 or 8 welders so we're all right there together and each, like station has like I guess more like a lead person that's, you know, usually been there the longest, the most experienced, and that's who I went to.

Q Ok. Were you working with these 6 - 8 other welders that day?

A Yes ma'am. We're all in a big long line. I was at the end of the line.

Q Ok. Was there anybody that witnessed this incident?

A No ma'am. They're, you're in like a cubicle kind of that, you can't put welders right beside each other without some sort of wall because you burn other guys' eyes. It's real bright torches so you kind of have to have a barrier in between each welder and that, they have barriers in between everybody and we're right next to each other. But I ran three different stations, I was running three different stations by myself. The other welders just ran one but I knew how to, I was an experienced welder when I got there so I could do a little more than someone that didn't have the experience that I had so I was more or less jumping from station to station to station completing the product up to the next level instead of doing a little bit of the product and sending it to someone else. So I had kind of like three different stations.

Q (Pause) Ok and what part of your body did you injure?

A My left thumb.

Q Ok. Did you receive any medical treatment the day that this happened?

A Yes ma'am.

Q And where did you go?



A I went to the emergency room in Terrell, Texas. I believe it's uh Community Hospital.

Q How did you get there?

A I drove myself. They were going to drive me but the, I guess the owner, maybe? I showed, as soon as I showed the, my boss or the welder boss, he immediately took me to the plant manager, Mr. Steve, and he, they all recommended I go to the hospital because of the swelling and the way it looked and he told me that if I was okay to drive I could just drive myself and I just went ahead and did that.

Q Ok. What did they do at the emergency room?

A Uh x-rays and they found out that the bone wasn't broken but I'd snapped the ulnar collateral tendon and they put a cast on it that day because of the swelling. There wasn't nothing anybody could do until the swelling went down so they casted my left arm.

Q Ok. Did the emergency room take you off work?

A Yes ma'am.

Q And what were their instructions?

A They gave me a name of an orthopedic surgeon and I was to follow-up with him and they told me if, you know, if they had a job at my work that I could do with one hand and the other one, you know, more or less completely immobilized that I could do that but there's really nothing in the shop you can do with one hand. I'm more or less a danger to be there with one hand so they just told me to do whatever I needed to do with this doctor to get fixed.

Q Ok. And you were instructed to follow-up with an orthopedic and who is that?

A Dr. William Vandiver.

Q How do you spell that?

A W-i-l-l-i-a-m...

Q The last name.

A Ok. Let me get my card there. His last name is V-a-n-d-i-v-e-r.

Q Ok. What's his address?

A 709 West Hwy. 243, Suite B, that's in Kaufman, Texas.

Q K-a-u-f-m-a-n?

A Yes ma'am.

Q The zip code?

A 75142.

Q And the phone number?

A 972-932-2122.

Q Ok. When did you see this orthopedic physician, Dr. Vandiver?

A About a week and a half after the injury. He couldn't do anything until the swelling had gone down. That took a very long time for the swelling to go down.

Q Ok. Do you know when you first saw him?

A The date?

Q Yes sir.

A No, ma'am. I don't know.

Q Was it sometime in June?

A It was about a week and a half after the injury so it'd be the very end of June or the first of July. He'd have that whenever I came in and I don't remember when exactly my appointment was.

Q Ok.

A (Inaudible).

Q And what did the doctor say then?

A He took the cast that I had off of on my hand and looked at my x-rays and stuff and told me what had happened and what I tore up and that I was going to, I was going to be required to have surgery to get it fixed.

Q Ok. Did you have surgery?

A Yes ma'am.

Q When was that?

A Probably three weeks after, it was, they scheduled it like the day I went in the appointment they scheduled it for two weeks later which was the soonest time for me to get in.

Q Ok. So that would've been most likely sometime in July?

A Yes ma'am. Early July.

Q Ok. What kind of surgery did you have?

A He had to repair the ulnar collateral tendon. Or, I couldn't, without the ulnar collateral tendon, from the way it was explained to me and all, you can't pick up anything because your, it'll keep, your thumb'll keep dislocating. That tendon holds your thumb in position and if you didn't have it fixed you'd more or less be handicapped to do anything that involves lifting and pushing stuff and the stuff I needed to do.

Q (Pause) Ok. What happened after you had the surgery done?

A Uh well, there was a lot of, I had a cast put on my hand and I had a, just partial of my thumb was exposed, just like the tip of it and the very next morning, I went home basically that day and just, you know, went to sleep, just slept all day, I guess, like the effects of the anesthesia or whatever.

Q Um-hm.

A When I woke up the next day I couldn't feel the end of my thumb so I called the doctor immediately 'cause I didn't know what was up and I asked him, you know, if maybe that was something, maybe the anesthesia still or uh some of the, you know, medicine or what have you. I explained to him the day I went in to his office the very first time that I had a previous injury and I had four dead fingers and the only finger I could feel was my thumb and I, you know, I told him that it was real crucial that whatever he did to me, he explained to me before that when this tendon usually snaps...

Q Um-hm.

A ...they, people usually have nerve damage. Well, I was in so much pain from the injury, you know, I, my nerves were fine so it didn't do any nerve damage to my thumb and I was explaining to him, you know, how important it was that I get this thumb working back correctly because it's the only one I could feel and that was the only thing that was keeping me able to, like when I picked something up I knew I had it because it was pressing up against my thumb. I could feel it and without this thumb, you know, I'm pretty, more or less one-handed. It's hard for me to do anything.

Q And that's because your other four fingers...?

A Yes ma'am, they're dead from a gunshot wound. I told the guy that hired me, Mr. Steve, he knew about it. I told him. I usually tell everybody that I work for. But it's never really ever slowed me down or, you know, after I was shot it slowed me down for awhile to get used to it but once I'd gotten used to it it's never hindered me really in any way. As long as I could feel one finger I knew when I had something, whether or not it was hot or, you know, it kind of kept me just normal. But I knew that something was wrong the day after surgery and I couldn't feel my finger. I called Dr. Vandiver immediately and then I called him, I don't know, I guess about every other day for a week, two weeks.

Q Ok. Who's the guy that hired you?

A Dr., I mean, Mr. Steve.

Q And that's uh Steve...

A Fricker or Fritcher.

Q ...Fritcher, isn't it?

A Yes ma'am.

Q Ok. What did the doctor say when you told him you couldn't feel your thumb the next day?

A He said it was from like the trauma of the surgery, the swelling and, you know, any time you have like a surgery and, you know, it could be swelling up, like pushing on a nerve of, you know, he just more or less said it was from the surgery itself like the trauma that it caused so I just went with what he said and he told me my feeling would come back and, you know, so I just, him being a doctor I just said alright, you know, no big deal and I called him, you know, 5, 6, 7, 8 times after that, you know, just reassuring that the feeling would come back in my finger and he kept reassuring me, reassuring me that everything'd be alright and it'd come back.

Q Has it come back yet?

A Well, it's, it's real weird. It's not like my whole thumb is dead, it's not my, you know, from the entire thumb from the incision down but I'd say  $\frac{3}{4}$  of my thumb or a little less is dead where on the inside like when you go to grab something, that part, the whole inside and on the bottom where my thumbprint is dead. Now, the top side, some of where like the finger, on like the very edge of my fingernail and on the outside is okay, I can feel it. Just like half or  $\frac{3}{4}$  of it's dead. It's real weird. And it's from the incision, you know, just right, right where he cut up I can feel but right from where he cut down I can't. It's that precise, perfect.

Q (Pause) Ok. Have you ever treated with this doctor uh what's his name, Vander (meaning Vandiver)?

A No ma'am, I'd never even heard of him before.

Q -Ok. When's the last time you saw him?

A About August 17<sup>th</sup>.

Q Ok. What did he do then?

A Took my stitches out and I showed him, you know, that I couldn't feel it and talked to him and he was telling me, you know, basically the same thing that uh see, I could stick a hypodermic needle in my skin, you know, I've obviously got, you know, it's dead and some places it's completely dead and other places it's not and I was, that's what I was explaining to him and he said that maybe, I asked him if maybe I could get an EMG or something done so that uh you know, we could find out exactly what was wrong and he scheduled me an EMG.

Q And when was that scheduled for?

A I don't remember the date, I have no idea.

Q It has been done?

A Yes ma'am.

Q Have you got the results of that yet?

A Uh I got them this morning or Ms. Adames, I called her, she told me what the doctor said.

Q Is Dawn from the doctor's office?

A No ma'am, Ms. Adames from the uh, uh...

Q Oh, ok.

A ...insurance. She had a copy. I didn't know, I didn't get my results yet. My doctor was supposed to call me and he hadn't done it yet.

Q But you discussed the results with...

A Ms. Kirsten Adames.

Q Right. When is your next doctor's appointment?

A He's. I talked to him today and he said as soon as he got with my chart and found, you know, found out what they were going to do and, that he was going to call me back, let me know. He would stay in touch with me, is what he told me.

Q How long did the doctor say you were going to be off work?

A From the surgery?

Q Yes sir.

A Six weeks.

Q Ok. This is your left thumb.

A Yes ma'am.

Q Have you ever hurt your left thumb before?

A No ma'am.

Q Ok. Have you ever hurt your left hand before?

A Yes ma'am.

Q Can you give me the particulars of that?

A I had a gunshot wound right through the center of it and it severed the media nerve in my left hand. Just basically blew it in half. I had a hole completely through my hand.

Q Ok. When did this happen?

A In uh I want to say late '95, early '96. I couldn't tell you, I'm not at my house right now so I couldn't tell you exactly when it happened. I have all the records though, I just don't have them with me. But it only affected the four fingers. The thumb's like a different nerve. It didn't have anything to do with that nerve at all.

Q (Pause) Ok. Did you have surgery for this?

A Yes ma'am.

Q Ok.

A I had to have reconstructive and some plastic surgery and neurosurgery.

Q Where did this happen?

A In Texarkana. Actually, in New Boston. It's like a suburb of Texarkana.

Q Ok. Um is that in Texas?

A Yes ma'am.

Q Ok. Who was your doctor?

A Uh I can't tell you right now because I don't, I can't remember his name. I have it but I don't have it with me. That was so long ago I don't remember.

Q Did you see just one doctor or more?

A Well, I had a, the doctor that I really knew the best was the neurosurgeon and the other doctor was just kind of like working with him. There was one doctor like, the plastic surgeon did the, like they cut me all the way across my palm and they had, you know, they disguised it real good so I had a plastic surgeon and like a reconstructive that like kind of closed the hole up and made it look real good and then the neurosurgeon.

Q Ok. So you had two doctors?

A Yes ma'am. They were like working in like a team, you know?

Q Right. Um what hospital was this at?

A I don't even remember, it's in Texarkana, the main, it's like the big hospital right off of I-30.

Q Ok. How long did, about what period of time, about how long did you receive medical treatment for this gunshot wound?

A It was uh from the time of injury it was a pretty lengthy deal because I had, they had to, I had a lot of stitches and it was, you know, a pretty big deal and they had to ball my hand up in a ball and...

(Turned tape over)

Q Ok. This is a continuation of our recorded statement involving Mr. Jedidiah Isaac Murphy and it is approximately 5:45 P.M. uh on September 13, 2000. Ok. Our last discussion when the tape recorder went off was regarding um your medical treatment involving your previous gunshot wound and ask you a few more questions.

A Ok.

Q Um do you have any other existing or previous disabilities?

A No ma'am.

Q Did you receive an impairment rating from the previous gunshot wound?

A Um more or less, no. I didn't stick around long enough to, it's more or less the same kind of situation that this is. They wanted me to stay off of work and I probably could've but it was an accidental gunshot wound, you know, it was my fault that it happened. I grabbed the gun and was going to move it from one end of the closet to the other end of the closet and it went off so I just figured that was my fault so I didn't, you know, I didn't know anything an impairment rating or anything like that. I just went, with feeling in one hand I didn't, it slowed me down, sure, but as long as I could use my thumb and (inaudible) when I grab something as long as I knew how much pressure I had on it 'cause of the pressure to my thumb so I like adapted kind of.

Q Ok.

A I really don't know how explain it (slight laugh).

Q Was that a Workers' Compensation claim?

A Uh-uh. No ma'am. I've never been on Workers' Comp before.

Q Ok. So you have not had any previous Workers' Compensation claims?

A No ma'am.

Q None?

A No ma'am.

Q Ok. Um this gunshot wound, was that an accident that occurred at home?

A Yes ma'am. It was in my closet and the barrel was like right up against the clothes and I was taking a shirt out and it like caught the barrel and it like jiggled my gun a little bit and I was thinking well, you know, if this gun falls over on the floor it could go off and shoot somebody so I just kind of was going to grab it and move it down to the other end of the closet where there were no clothes, and I grabbed it by the barrel right at the top and it just went off.

Q Ok. Have you had any past car accidents with injuries?

A No ma'am.

Q Have you had any other serious illnesses or accidents?



A I've broken a few ribs, you know, skiing and, I haven't been, you know, I've had appendicitis and, you know, just little stuff. Never really any major thing, no. I've had a bunch of cuts and burns and stuff like that that go along with the job but nothing serious.

Q Ok. Have you ever had any serious injuries in a sports related activity?

A Mmm, I dislocated my shoulder in high school football and that was it.

Q And what shoulder was that?

A Mmm, my left?

Q Ok. Any other serious illnesses uh or injuries as a child?

A No ma'am.

Q Ok. Any past surgeries other than your left hand?

A My appendicitis.

Q Ok. Is that it?

A That's it.

Q Ok. How many surgeries did you have on the left hand?

A My, I had one for the gunshot wound and one for my thumb. But the one for my hand was like a couple of different stages of surgery. One guy opened it and the other guy sewed it up kind of deal. It was pretty lengthy surgery.

Q Ok. At the time of this accident on the job involving your thumb, were you taking any prescription medications?

A No ma'am.

Q Any drugs or alcohol?

A No ma'am.

Q Was there any drug testing done following your accident?

A I think so, at the hospital. I think they may have drug tested me there. I asked that question to my employer but I never got an answer. But I don't even drink. I don't even drink alcohol, I don't, I don't do any of that. My dad died of alcoholism so I don't drink and I don't do drugs. Never really been any importance to me.

Q Ok. Were you under any doctor's care at the time of this accident?

A No ma'am.

Q And when would've been about the last time you would've been, received any medical treatment before this job injury?

A Oooh, uh I don't even know. A long time. Uh a long time, I don't know how long.

Q Who's your family physician?

A I don't even have one.

Q Ok. Is there any other information regarding this accident or your injury that you would like to share that you feel's uh...

A Well, (slight laugh) I just want to know what's going on, you know. Either fix it or I'm going to have to go back to work. I can't, I can't stay on Workers' Comp 'cause I can't afford to stay on Workers' Comp. It's too uh financially it's killing me and I thought by now, you know, the way (inaudible) explained to me that this would either be fixed or told me it couldn't be fixed. That's all I want. If it can be fixed, I want it fixed but if it can't be, you know, I just need to get on with my life. Do whatever I can do, you know. I have a kid to take care of and this is not good for me.

Q Ok. Uh do you acknowledge that the answers you gave are true and correct to the best of your knowledge?

A Yes ma'am.

Q You're aware that I recorded your conversation?

A Yes ma'am.

Q Did I have your permission to do so?

A Yes ma'am.

Q Is there any other thing that you would like to uh any other comments before I turn the tape recorder off?

A No ma'am.

Q Ok. This concludes our interview. It's approximately 5:52 P.M. on September 13, 2000 and my name is Joanna Gilmore with Employers General Insurance. Would you state your name again?

A Jedidiah Isaac Murphy.

Q Ok. I appreciate your time and I'll try to get back with you as soon as I can. Ok?

A Ok. Thanks.

Q Alright. Thanks. Bye-bye.

This will attest to be a correct transcription of this recorded statement of Jedidiah Murphy, to the best of my knowledge.

Susan M. Seibert

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State's Exhibit Number 126

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Autopsy Photograph

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(Copy attached)

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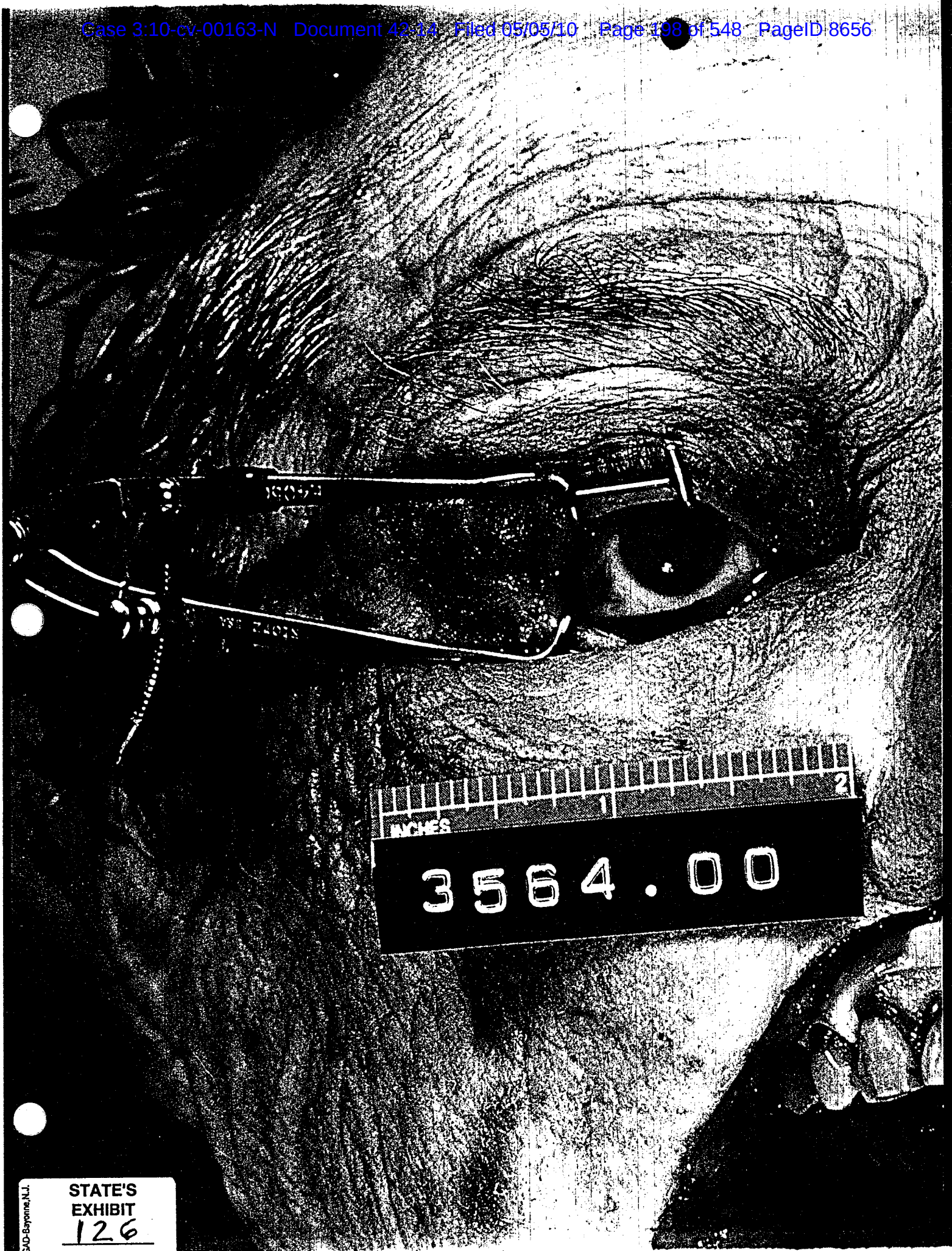
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State's Exhibit Number 127  
Photograph of Murphy Home  
(Copy attached)





PENGAD-Bayonne, N.J.  
STATE'S  
EXHIBIT  
127

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State's Exhibit Number 128

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(Copy attached)

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THE STATE OF TEXAS

I, ..... M.B. THALER ..... HEREBY CERTIFY

COUNTY OF WALKER

THAT I AM THE Record Clerk of the Texas Department of Criminal Justice-Institutional Division, a penal institution of the State of Texas, situated in the County and State aforesaid. That in my legal Custody as such officer are the original files and records of persons heretofore committed to said institution: that the (XX) Photograph (XX) Fingerprints and (XX) Commitments, including Judgement and Sentence, of ..... MURPHY, ISAAC .....  
TDCJ/BPP# ..... 687358 ..... Cause# ..... 14852, 14854 .....

a person heretofore committed to said institution and who served a term of imprisonment therein: that I have compared the attached copies with their respective originals now on file in my office and each thereof contains, and is a full, true, and correct transcript and copy from its said original.

IN WITNESS WHEREOF, I have hereunto set my hand seal this ..... 30 .....  
day of .... NOVEMBER ..... 20 ..... 00 .....

SJW

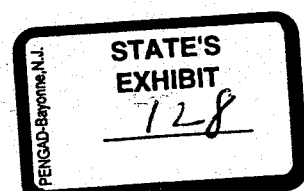
 ..... , Record Clerk

Seal  
TDCJ-ID

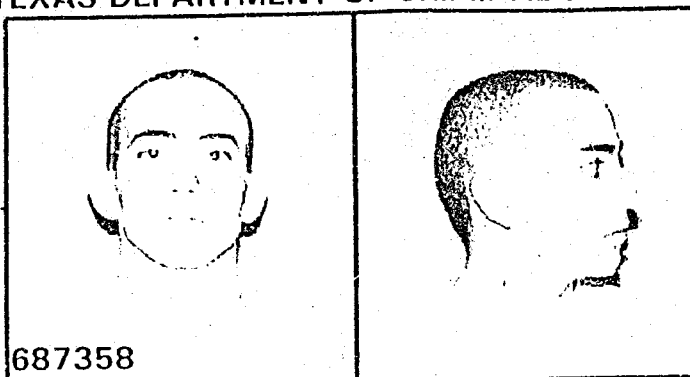
The director shall certify under the seal of the institutional division the documents received under Subsections (a) and (c) of Article 42.09, Code of Criminal Procedure. A document certified under this subsection is self-authenticated for the purpose of Rules 901 and 902, Texas Rules of Criminal Evidence.

Article 42.09, Subsection 8(b), as amended by S. B. 1067, Acts 1993, 73d leg.

CL-103 (Rev. 3/00)



TEXAS DEPARTMENT OF CRIMINAL JUSTICE - ID



687358

687358 10/24/94 MURPHY, ISAAC JEDIDIAH

CAUSE NO. 14,854  
THE STATE OF TEXAS  
VS.  
JEDIDIAH ISAAC MURPHY

IN THE 294TH DISTRICT COURT  
VAN ZANDT COUNTY, TEXAS

JUDGMENT ON PLEA OF GUILTY OR NOLO CONTENDERE BEFORE THE COURT  
WAIVER OF JURY TRIAL  
a. Synopsis Of The Judgment

Judge Presiding:  
TOMMY W. WALLACE

Date of Judgment:  
9-12-94

Attorney For State:  
Leslie Poynter Dixon

Attorney For Defendant:  
Deborah Beesley

Offense Convicted  
Of: Burglary of a Motor Vehicle

Date Offense Committed:  
5-26-94

Degree: Third

Charging Instrument: Indictment

Plea: Guilty

Terms of plea bargain: A copy of the written plea agreement is  
attached to the judgment.

Findings On Use Of Deadly Weapon: NA

Date Sentence Imposed: 9-12-94

Costs: -0-

Punishment And Place Of Confinement:

Term Of Confinement: Ten Years TDCJ-ID (Boot Camp) - If  
successfully completing TDC Boot Camp, then place on ten years  
probation.

Fine: \$750.00

Place Of Confinement: INSTITUTIONAL DIVISION OF THE TEXAS  
DEPARTMENT OF CRIMINAL JUSTICE, SPECIAL ALTERNATIVE INCARCERATION  
PROGRAM (BOOT CAMP)

Date To Commence: 9-12-94

Time Credited: 102 Days

Total Amount of Restitution/Reparation: \$2035.94

Concurrent Unless Otherwise Specified. Restitution To Be Paid To  
\$900.00 Debbie Armstrong

Route 2 - Box 373-D  
Canton, Texas 75103



\$ 50.00

Darrell Thorn  
1303 Lobia Dr.  
Canton, Texas 75103

\$395.00

John Thompson  
540 O'Neal  
Wills Point, Texas 75169

\$580.94

Weldon Barker  
Route 3 - Box 127A  
Wills Point, Texas 75163

\$110.00

Richard Mullin  
812 Wynn Rd.  
Wills Point, Tx 75169

b. Text Of Judgment

This case was called for trial September 12, 1994. The parties appeared and announced ready for trial. The following attorneys appeared: for the State, Leslie Poynter Dixon; for the defendant, Deborah Beesley. The defendant was personally present with his counsel during the trial.

The defendant waived trial by jury. The Court approved the waiver after finding that all of the requirements of Article 1.13, Texas Code of Criminal Procedure, had been met.

Defendant waived reading of the indictment and entered a plea of guilty to the offense charged. The Court inquired as to the existence of any plea bargaining agreement. The parties informed the Court that one existed and advised the Court of its terms. Before making any finding on the plea the Court informed the defendant that it would follow the agreement.

Before accepting the plea, the defendant was advised by the Court of the elements of the offense, of the applicable range of punishment, and further admonished as required by Article 26.13, Texas Code of Criminal Procedure. The defendant was further advised that if the defendant was not a citizen of the United States of America, a plea of guilty or nolo contendere for the offense charged may result in deportation, the exclusion from admission to this country, or the denial of naturalization under federal law.

Before accepting the plea, the court found that the defendant was mentally competent; that his plea was being made knowingly, freely, and voluntarily; and that, based on representations by defendant and his counsel, he had received effective assistance of counsel.

Evidence was submitted on the issues of guilt and punishment.

The Court accepted the defendant's plea of guilty, and based on the evidence submitted, the Court finds beyond a reasonable

doubt that the defendant is guilty of the offense of burglary of a motor vehicle, a felony of the third DEGREE. The court assesses punishment at confinement in the INSTITUTIONAL DIVISION OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE, SPECIAL ALTERNATIVE INCARCERATION PROGRAM (BOOT CAMP) for a TERM, of 10 years and by a FINE of \$750.00. The Court further finds that the requirements of Article 42.12, Sec. 8 (a) are satisfied and sentences the Defendant under the SPECIAL ALTERNATIVE INCARCERATION PROGRAM (BOOT CAMP).

In accordance with these findings, it is ordered, adjudged and decreed that the defendant is guilty of the offense of burglary of a motor vehicle, a felony of the third DEGREE; that defendant be punished by confinement in the INSTITUTIONAL DIVISION OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE, SPECIAL ALTERNATIVE INCARCERATION PROGRAM (BOOT CAMP) for a TERM of ten years and by a FINE of \$750.00 and that the State of Texas have and recover of the defendant all costs for this prosecution in the amount of -0- and the fine for which let execution issue.

The Court finds beyond a reasonable doubt that the offense was committed on May 26, 1994.

Before pronouncing sentence, the defendant was asked if there was any reason why sentence should not be pronounced. The defendant gave no reason to prevent sentencing. In open court, in the presence of defendant and defendant's counsel, the court pronounced sentence as follows:

• It being the judgment of this court that the defendant, Jedidiah Isaac Murphy is guilty of the offense of burglary of a motor vehicle and that his punishment be by confinement in the INSTITUTIONAL DIVISION OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE, SPECIAL ALTERNATIVE INCARCERATION PROGRAM (BOOT CAMP) for a term of ten years and by a fine of \$750.00. The Court further finds that the requirements of Article 42.12, Sec. 8(a) are satisfied and sentences the defendant under the SPECIAL ALTERNATIVE INCARCERATION PROGRAM (BOOT CAMP). It is the order of this Court that the punishment be carried into execution in the manner prescribed by law. The Sheriff of Van Zandt County, or an authorized agent of the State of Texas, is hereby ordered to deliver defendant to the INSTITUTIONAL DIVISION OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE, SPECIAL ALTERNATIVE INCARCERATION (BOOT CAMP) to begin serving his term of confinement. The State of Texas shall have and recover of Defendant the fine and costs of this prosecution, for which let execution issue against defendant's property. Defendant is remanded to jail to await his transfer to the penitentiary.

Sentence was pronounced on September 12, 1994.

Sentence shall commence on September 12, 1994.

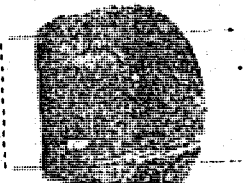


The defendant is given credit for 102 days on his sentence for time spent in jail in this case between the date of his arrest and the date of sentencing.

Signed on this date:

*Sept 12, 1994*  
*[Signature]*  
TOMMY W. WALLACE  
Judge Presiding

Notice of Appeal:



Fingerprint from

finger of Defendant

CLERK OF COURT  
SEP 12 1994  
FBI

WALRAVEN DALLAS

## COMMITMENT

THE STATE OF TEXAS  
COUNTY OF VAN ZANDT

IN THE 294th. Judicial DISTRICT COURT,  
July TERM, A. D. 19 94

IN RE:  
THE STATE OF TEXAS  
vs.  
JEDIDIAH ISAAC MURPHY  
Defendant.

No 14,854

To the Director of the Texas Department of Corrections, or any other officer legally authorized to receive convicts, greeting:

Whereas, by the judgment of the Honorable 294th. Judicial District Court of Van Zandt County, Texas, in the above styled and numbered cause, made and entered on the 12th. day of September A. D. 19 94, in Book 892, Page 892, the above named defendant was adjudged to be guilty of the offense of

Burglary of a Vehicle, a felony, on his plea of guilty;

and whereas by proper sentence of said Court, dated September 12, A. D. 19 94,

and recorded in Vol. 14, page 892, the above named defendant was sentenced to be confined ten years TDCJ-ID (Boot Camp) - If successfully completing TDC Boot Camp, then place on ten years probation in the State penitentiary of Texas for an indeterminate term of not less than

years (the minimum) nor more than years (the maximum) prescribed by law for the said offense. TIME CREDITED 102 Days

\*And it appearing to the Court that the defendant herein has been incarcerated in the County Jail in this cause since the day of A. D. 19, without trial and prior to the passage of sentence herein upon him and that said time should be credited on this sentence. It is so ordered.

1. And whereas, the above named defendant gave notice of appeal to the Court of Criminal Appeals at Austin, Texas, and the record was duly examined by said Court and the judgment herein was by said Court of Criminal Appeals affirmed on the day of A. D. 19, and the mandate issued on the day of A. D. 19,

thereafter, on the day of A. D. 19, a capias was issued for the arrest of the said defendant herein, which capias was executed by the Sheriff of County, Texas, as evidenced by his endorsement hereon.

Wherefore, you are hereby commanded that you take into your custody the above named defendant and convey him to said penitentiary, and that you execute the sentence herein as required of you by law by confining the said defendant in the State penitentiary for the term stated above, subject to the rules and regulations of the penitentiary authorities.

Herein fail not, but duly execute this order.

Nancy Young  
Clerk, District Court, Van Zandt County, Texas.

By Deputy.

Capias served by placing the defendant under arrest on the day of A. D. 19, at o'clock of

By

If not credited with full time, clerk should mark this paragraph out  
If no appeal taken, clerk should mark out this paragraph



CAUSE NO. 14,852  
THE STATE OF TEXAS  
VS.  
JEDIDIAH ISAAC MURPHY

.. ..  
IN THE 294TH DISTRICT COURT  
VAN ZANDT COUNTY, TEXAS  
.. ..

JUDGMENT ON PLEA OF GUILTY OR NOLO CONTENDERE BEFORE THE COURT  
WAIVER OF JURY TRIAL  
a. Synopsis Of The Judgment

Judge Presiding:  
TOMMY W. WALLACE

Date of Judgment:  
9-12-94

Attorney For State:  
Leslie Poynter Dixon

*Handwritten signature*  
Attorney For Defendant:  
Deborah Beasley

Offense Convicted  
Of: Burglary of a Habitation

— Date Offense Committed:  
4-5-94

Degree: First

Charging Instrument: Indictment

Plea: Guilty

Terms of plea bargain: A copy of the written plea agreement is  
attached to the judgment.

Findings On Use Of Deadly Weapon: NA

Date Sentence Imposed: 9-12-94

Costs: -0-

Punishment And Place Of Confinement:

Term Of Confinement: Ten Years TDCJ-ID (Boot Camp) - If  
successfully completing TDC Boot Camp, then place on ten years  
probation.

Fine: \$750.00

Place Of Confinement: INSTITUTIONAL DIVISION OF THE TEXAS  
DEPARTMENT OF CRIMINAL JUSTICE, SPECIAL ALTERNATIVE INCARCERATION  
PROGRAM (BOOT CAMP)

Date To Commence: 9-12-94

Time Credited: 102 Days

Total Amount of Restitution/Reparation: \$900.00

Concurrent Unless Otherwise Specified.  
\$300.00

Restitution To Be Paid To  
Elizabeth Chaney Erwin  
406 Shady Lane  
Edgewood, Texas 75117



\$200.00

Shell Daniels  
Route 4  
Wills Point, Texas 75169

\$400.00

Joseph Lynn Fry  
279 W. Elm  
Canton, Texas 75103

D. Text Of Judgment

This case was called for trial September 12, 1994. The parties appeared and announced ready for trial. The following attorneys appeared: for the State, Leslie Poynter Dixon; for the defendant, Deborah Beesley. The defendant was personally present with his counsel during the trial.

The defendant waived trial by jury. The Court approved the waiver after finding that all of the requirements of Article 1-13, Texas Code of Criminal Procedure, had been met.

Defendant waived reading of the indictment and entered a plea of guilty to the offense charged. The Court inquired as to the existence of any plea bargaining agreement. The parties informed the Court that one existed and advised the Court of its terms. Before making any finding on the plea the Court informed the defendant that it would follow the agreement.

Before accepting the plea, the defendant was advised by the Court of the elements of the offense, of the applicable range of punishment, and further admonished as required by Article 26.13, Texas Code of Criminal Procedure. The defendant was further advised that if the defendant was not a citizen of the United States of America, a plea of guilty or nolo contendere for the offense charged may result in deportation, the exclusion from admission to this country, or the denial of naturalization under federal law.

Before accepting the plea, the court found that the defendant was mentally competent; that his plea was being made knowingly, freely, and voluntarily; and that, based on representations by defendant and his counsel, he had received effective assistance of counsel.

Evidence was submitted on the issues of guilt and punishment.

The Court accepted the defendant's plea of guilty, and based on the evidence submitted, the Court finds beyond a reasonable doubt that the defendant is guilty of the offense of burglary of a habitation, a felony of the first DEGREE. The court assesses punishment at confinement in the INSTITUTIONAL DIVISION OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE, SPECIAL ALTERNATIVE INCARCERATION PROGRAM (BOOT CAMP) for a TERM, of 10 years and by a FINE of \$750.00. The Court further finds that the requirements of Article 42.12, Sec. 8 (a) are satisfied and sentences the Defendant under the SPECIAL ALTERNATIVE INCARCERATION PROGRAM (BOOT CAMP).

In accordance with these findings, it is ordered, adjudged and decreed that the defendant is guilty of the offense of burglary of

a habitation, a felony of the first DEGREE, that defendant be punished by confinement in the INSTITUTIONAL DIVISION OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE, SPECIAL ALTERNATIVE INCARCERATION PROGRAM (BOOT CAMP) for a TERM of ten years and by a FINE of \$750.00 and that the State of Texas have and recover of the defendant all costs for this prosecution in the amount of -0- and the fine for which let execution issue.

The Court finds beyond a reasonable doubt that the offense was committed on April 5, 1994.

Before pronouncing sentence, the defendant was asked if there was any reason why sentence should not be pronounced. The defendant gave no reason to prevent sentencing. In open court, in the presence of defendant and defendant's counsel, the court pronounced sentence as follows:

It being the judgment of this court that the defendant, Jedidiah Isaac Murphy is guilty of the offense of burglary of a habitation and that his punishment be by confinement in the INSTITUTIONAL DIVISION OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE, SPECIAL ALTERNATIVE INCARCERATION PROGRAM (BOOT CAMP) for a term of ten years and by a fine of \$750.00. The Court further finds that the requirements of Article 42.12, Sec. 8(a) are satisfied and sentences the defendant under the SPECIAL ALTERNATIVE INCARCERATION PROGRAM (BOOT CAMP). It is the order of this Court that the punishment be carried into execution in the manner prescribed by law. The Sheriff of Van Zandt County, or an authorized agent, of the State of Texas, is hereby ordered to deliver defendant to the INSTITUTIONAL DIVISION OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE, SPECIAL ALTERNATIVE INCARCERATION (BOOT CAMP) to begin serving his term of confinement. The State of Texas shall have and recover of Defendant the fine and costs of this prosecution, for which let execution issue against defendant's property. Defendant is remanded to jail to await his transfer to the penitentiary.

Sentence was pronounced on September 12, 1994.

Sentence shall commence on September 12, 1994.

The defendant is given credit for 102 days on his sentence for time spent in jail in this case between the date of his arrest and the date of sentencing.

Signed on this date:

*Sept 12, 1994*  
*[Signature]*  
TOMMY W. WALLACE  
Judge Presiding

Notice of Appeal: \_\_\_\_\_



Fingerprint from \_\_\_\_\_ finger of Defendant.

11-11-11 10:00 AM  
SEP 12 PM 1:46  
CO. TX  
DEP.

No. 14-122 Bond \$ \_\_\_\_\_  
The State of Texas Vs. Jedidah Isaac Murphy 294th Judicial  
Charge Burglary of a Habitation Court: District

IN THE NAME AND BY AUTHORITY OF THE STATE OF TEXAS

THE GRAND JURY, for the County of Van Buren, State of Texas, duly selected, empaneled, sworn,  
charged, and organized as such at the July Term A.D. 1924 of the 294th  
Judicial District Court for said County, upon their oaths present in and to said court at said term that

Jedidah Isaac Murphy  
hereinafter styled Defendant, on or about the 5th day of April A.D. 1924,  
and before the presentment of this indictment, in the County and State aforesaid,

did then and there, with intent to commit theft, intentionally and knowingly,  
enter a habitation, without the effective consent of Elizabeth Chaney,  
Irwin, the owner thereof;

against the peace and dignity of the State.

[Signature]  
Criminal District Attorney

[Signature]  
Foreman of the Grand Jury

Original—White, Defendant's Copy--Yellow, State's Copy—Pink



B 185 - COMMITMENT TO PENITENTIARY

WALKER HAVEN DALLAS

## COMMITMENT

THE STATE OF TEXAS  
 COUNTY OF Van Zandt  
 IN RE: THE STATE OF TEXAS  
 vs.  
 Jedidiah Isaac Murphy  
 Defendant.

Judicial  
 IN THE 294th. / DISTRICT COURT,  
 July TERM, A. D. 19 94.  
 No 14,852

To the Director of the Texas Department of Corrections, or any other officer legally authorized to receive convicts, greeting:

Whereas, by the judgment of the Honorable 294th. Judicial District Court of Van Zandt County, Texas, in the above styled and numbered cause, made and entered on the 12th day of September A. D. 19 94, in Book 14, Page 82, the above named defendant was adjudged to be guilty of the offense of Burglary of a Habitation, a felony, on his plea of guilty; and whereas by proper sentence of said Court, dated September 12, A. D. 19 94 and recorded in Vol. 14, page 82, the above named defendant was sentenced to be confined Institutional Division of the Texas Department of Criminal Justice, Special Alternative and imprisoned in the State Penitentiary of Texas for an indeterminate term of not less than Incarceration Program (BOOT CAMP) If successfully completing TDC Boot Camp, then place on years (the minimum) nor more than ten years probation years (the maximum) prescribed by law for the said offense.

\*And it appearing to the Court that the defendant herein has been incarcerated in the County Jail in this TIME CREDITED 102 DAYS day of A. D. 19, without trial and prior to the passage of sentence herein upon him and that said time should be credited on this sentence. It is so ordered.

And whereas, the above named defendant gave notice of appeal to the Court of Criminal Appeals at Austin, Texas, and the record was duly examined by said Court and the judgment herein was by said Court of Criminal Appeals affirmed on the day of A. D. 19; and the mandate issued on the day of A. D. 19; thereafter, on the day of A. D. 19; a capias was issued for the arrest of the said defendant herein, which capias was executed by the Sheriff of County, Texas, as evidenced by his endorsement hereon.

Wherefore, you are hereby commanded that you take into your custody the above named defendant and convey him to said penitentiary, and that you execute the sentence herein as required of you by law by confining the said defendant in the State penitentiary for the term stated above, subject to the rules and regulations of the penitentiary authorities.

Herein fail not, but duly execute this order.

Nancy Young  
 Clerk, District Court, Van Zandt County, Texas.

By Deputy.

Capias served by placing the defendant under arrest on the day of A. D. 19, at o'clock.

By

\*If not credited with jail time, clerk should mark this paragraph out  
 If no appeal taken, clerk should mark out this paragraph

DATE OF BIRTH 10-21-94		ID NUMBER 05280958		STATE NAME	
MURPHY, ISAAC JEDIDIAH					
DATE OF BIRTH 9-1-75	TX	SEX M	WEIGHT 126	HAIR BRN	COMPLEXION RUDDY
SCARS, MARKS, TATTOOS, & AMPUTATIONS NO MARKS				AMER	
COUNTY SENTENCE FROM VAN ZANDT		TX236065C		687358AS	
SENTENCE FROM STATE 10-21-94					
BURC HABIT (1)		10 YRS		EDGEWOOD TX	

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State's Exhibit Number 129

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(Copy attached)



NO. F-9575692-QM  
THE STATE OF TEXAS  
VS.  
JEDIDIAH ISAAC MURPHY  
COURT  
DALLAS COUNTY, TEXAS  
OF  
THE 19TH JUDICIAL DISTRICT

JUDGMENT ON NEGOTIATED PLEA OF GUILTY  
OR NOLO CONTENDERE BEFORE COURT  
WAIVER OF JURY TRIAL - COMMUNITY SUPERVISION  
REFERRAL TO MAGISTRATE

JANUARY, TERM, A.D., 1996

MAGISTRATE: M. BOYD PATTERSON, JR.

JUDGE PRESIDING: M BOYD PATTERSON

DATE OF JUDGMENT: 02/26/96

ATTORNEY  
FOR STATE: C GRUMBERT

ATTORNEY  
FOR DEFENDANT: GREG SHUMPERT

OFFENSE  
CONVICTED OF: THEFT OF PROPERTY OF THE VALUE OF \$1,500 OR MORE, BUT LESS  
THAN \$2,500

DEGREE: STATE JAIL

DATE OFFENSE COMMITTED: 08/18/95

CHARGING  
INSTRUMENT: INDICTMENT

PLEA: NOLO CONTENDERE

TERMS OF NEGOTIATED  
PLEA BARGAIN  
(IN DETAIL):

2 YRS STATE JAIL/5 YRS PROBATION, FINE \$100

NEGOTIATED AGREEMENT  
FOLLOWED: YES

PLEA TO ENHANCEMENT  
PARAGRAPH(S): N/A

FINDINGS ON  
ENHANCEMENT: N/A

FINDINGS ON  
DEADLY WEAPON,  
BIAS OR PREJUDICE,  
AND/OR  
FAMILY VIOLENCE:

NO FINDING

DATE SENTENCE  
IMPOSED:

02/26/96

COSTS: YES

PUNISHMENT AND  
PLACE OF

2 YEARS  
CONFINEMENT: CONFINEMENT IN THE STATE JAIL DIVISION  
OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
AND A FINE OF \$100.00

PERIOD OF SUPERVISION: 5 YEARS

DATE TO COMMENCE: 02/26/96

FINE PROBATED: NO

RESTITUTION/REPARATION: YES

CONCURRENT UNLESS OTHERWISE SPECIFIED.

CB

VOL. 320 PAGE 59



ON THIS DAY, SET FORTH ABOVE THE ABOVE STYLE AND NUMBERED CAUSE, HAVING BEEN DULY AND LEGALLY REFERRED TO A MAGISTRATE, THE DISTRICT COURT DISTRICT COURTS OF DALLAS COUNTY, CAME ON TO TRIAL PURSUANT TO A NEGOTIATED PLEA AS REFLECTED ABOVE. THE STATE OF TEXAS AND DEFENDANT APPEARED BY AND THROUGH THE ABOVE NAMED ATTORNEYS AND ANNOUNCED READY FOR TRIAL. DEFENDANT APPEARED IN PERSON IN OPEN COURT, WHERE DEFENDANT WAS NOT REPRESENTED BY COUNSEL, DEFENDANT KNOWINGLY, INTELLIGENTLY, AND VOLUNTARILY WAIVED THE RIGHT TO REPRESENTATION BY COUNSEL. DEFENDANT, IN PERSON AND IN WRITING IN OPEN COURT WAIVED HIS RIGHT OF TRIAL BY JURY, WITH THE CONSENT AND APPROVAL OF HIS ATTORNEY, THE ATTORNEY FOR THE STATE, AND THE COURT. WHERE SHOWN ABOVE THAT THE CHARGING INSTRUMENT WAS BY INFORMATION INSTEAD OF INDICTMENT, THE DEFENDANT DID WITH THE CONSENT AND APPROVAL OF HIS ATTORNEY, WAIVE HIS RIGHT TO PROSECUTION BY INDICTMENT AND AGREE TO BE TRIED ON AN INFORMATION. ALL SUCH WAIVERS, AGREEMENTS AND CONSENTS WERE IN WRITING AND FILED IN THE PAPERS OF THIS CAUSE PRIOR TO THE DEFENDANT ENTERING HIS PLEA HEREIN. THE DEFENDANT WAS DULY ARRAIGNED IN OPEN COURT AND ENTERED THE ABOVE PLEA TO THE CHARGE CONTAINED IN THE CHARGING INSTRUMENT, AS SHOWN ABOVE. DEFENDANT WAS ADMONISHED BY THE MAGISTRATE OF THE CONSEQUENCES OF THE SAID PLEA AND DEFENDANT PERSISTED IN ENTERING SAID PLEA, AND IT PLAINLY APPEARING TO THE COURT THAT THE MAGISTRATE FOUND THE DEFENDANT TO BE MENTALLY COMPETENT AND THAT SAID PLEA WAS FREE AND VOLUNTARY AND AFTER SUCH FINDINGS BY THE MAGISTRATE, THE SAID PLEA WAS ACCEPTED BY THE MAGISTRATE AND IS NOW ENTERED OF RECORD AS THE PLEA HEREIN OF DEFENDANT. DEFENDANT IN OPEN COURT, IN WRITING HAVING WAIVED THE READING OF THE CHARGING INSTRUMENT, AS SHOWN ABOVE, THE APPEARANCE, CONFRONTATION, AND CROSS-EXAMINATION OF WITNESSES, AND AGREED THAT THE EVIDENCE MAY BE BY STIPULATION, CONSENTED TO THE INTRODUCTION OF TESTIMONY ORALLY, BY JUDICIAL CONFESSION, BY AFFIDAVITS, WRITTEN STATEMENTS OF WITNESSES AND ANY OTHER DOCUMENTARY EVIDENCE, AND SUCH WAIVER AND CONSENT HAVING BEEN APPROVED BY THE MAGISTRATE IN WRITING AND FILED IN THE PAPERS OF THE CAUSE, AND THE MAGISTRATE HAVING HEARD DEFENDANT'S WAIVER OF THE READING OF THE CHARGING INSTRUMENT, DEFENDANT'S PLEA THERETO, THE EVIDENCE ADMITTED, AND THE ARGUMENT OF COUNSEL, WAS OF THE OPINION FROM THE EVIDENCE SUBMITTED THAT DEFENDANT WAS GUILTY OF THE OFFENSE AS SHOWN ABOVE AND THAT THE DEFENDANT WAS COMMITTED BY SAID DEFENDANT ON THE DATE SET FORTH ABOVE. THE MAGISTRATE THEREAFTER MADE ITS FINDINGS AS TO DEADLY WEAPON, FAMILY VIOLENCE, HATE OR PREJUDICE, AND RESTITUTION OR REPARATION AS SET FORTH ABOVE.

AND WHEN SHOWN ABOVE THAT THE CHARGING INSTRUMENT CONTAINS ENHANCEMENT PARAGRAPH(S), WHICH WERE NOT WAIVED OR DISMISSED, THE MAGISTRATE, AFTER HEARING THE DEFENDANT'S PLEA TO SAID PARAGRAPH(S) AS SET OUT ABOVE AND AFTER HEARING FURTHER EVIDENCE ON THE ISSUE OF PUNISHMENT, MADE HIS FINDING AS SET OUT ABOVE; IF TRUE, THE MAGISTRATE WAS OF THE OPINION AND FOUND THAT DEFENDANT HAS BEEN HERETOFORE CONVICTED OF SAID OFFENSE(S) ALLEGED IN THE SAID ENHANCEMENT PARAGRAPH(S) AS NAMED SHOWN ABOVE.

THEREUPON THE SAID DEFENDANT WAS ASKED BY THE MAGISTRATE WHETHER HE HAD ANYTHING TO SAY WHY SAID SENTENCE SHOULD NOT BE PRONOUNCED AGAINST HIM, AND HE ANSWERED NOTHING IN BAR THEREOF, AND IT HAVING APPEARED TO THE MAGISTRATE THAT DEFENDANT WAS MENTALLY COMPETENT AND UNDERSTANDING OF PROCEEDINGS;

IT WAS, THEREFORE, CONSIDERED AND RECOMMENDED BY THE MAGISTRATE, IN THE PRESENCE OF DEFENDANT, AND HIS ATTORNEY THAT SAID DEFENDANT BE ADJUDGED GUILTY OF THE OFFENSE AS SHOWN ABOVE, THAT SAID DEFENDANT BE PUNISHED IN ACCORDANCE WITH THE PUNISHMENT SET FORTH ABOVE, THAT DEFENDANT BE SENTENCED TO A TERM OF IMPRISONMENT OR FINE OR BOTH AS SET FORTH ABOVE, AND THAT SAID DEFENDANT SHALL BE CONFINED FOR THE ABOVE NAMED TERM IN ACCORDANCE WITH THE PROVISIONS OF LAW GOVERNING SUCH PUNISHMENTS. IT WAS FURTHER RECOMMENDED THAT THE DEFENDANT PAY COURT COSTS, COSTS AND EXPENSES OF LEGAL SERVICES PROVIDED BY THE COURT APPOINTED ATTORNEY IN THIS CAUSE, IF ANY, AND RESTITUTION OR REPARATION, AS SET FORTH HEREIN, FOR WHICH LET EXECUTION ISSUE.

THE MAGISTRATE FURTHER RECOMMENDED THAT THE IMPOSITION OF SENTENCE HEREIN BE SUSPENDED AND THAT THE DEFENDANT BE PLACED ON COMMUNITY SUPERVISION FOR A PERIOD OF TIME AS SHOWN ABOVE SUBJECT TO THE TERMS AND CONDITIONS IMPOSED BY LAW AND THE COURT AND SERVED UPON THE DEFENDANT. THE MAGISTRATE RECOMMENDED THAT THE FINE IMPOSED, IF ANY, BE PROBATED OR PAID AS SHOWN ABOVE.

THE MAGISTRATE FURTHER FOUND THAT THE TERMS OF THE NEGOTIATED PLEA AGREEMENT BETWEEN THE STATE AND THE DEFENDANT HAVE BEEN FOLLOWED.

IT FURTHER APPEARING TO THE COURT THAT THE ENDS OF JUSTICE AND THE BEST INTEREST OF THE PUBLIC AS WELL AS THE DEFENDANT WILL BE SERVED BY SUSPENSION OF THE IMPOSITION OF SENTENCE HEREIN. IT IS THE FURTHER ORDER OF THIS COURT THAT THE IMPOSITION OF SENTENCE HEREIN IS HEREBY SUSPENDED AND THE DEFENDANT IS PLACED ON COMMUNITY SUPERVISION FOR A PERIOD OF TIME AS SHOWN ABOVE SUBJECT TO TERMS AND CONDITIONS OF COMMUNITY SUPERVISION IMPOSED BY LAW AND BY THE COURT AND SERVED UPON THE DEFENDANT. THE FINE IMPOSED, IF ANY, SHALL BE PROBATED OR PAID AS SHOWN ABOVE. THE JUDGMENT AS SHOWN ABOVE IS HEREBY IN ALL THINGS APPROVED AND CONFIRMED, AND IS HEREBY ORDERED INTO EFFECT.

CONDITIONS OF COMMUNITY SUPERVISION ARE ATTACHED HERETO AND ARE INCORPORATED FOR ALL PURPOSES AS A PART OF THIS JUDGMENT.

AND WHEN IT IS SHOWN BELOW THAT PAYMENT OF THE COSTS OF LEGAL SERVICES PROVIDED TO THE DEFENDANT IN THIS CAUSE HAS BEEN ORDERED, THE MAGISTRATE FOUND AND THE COURT APPROVES THE FINDING THAT THE DEFENDANT HAS THE FINANCIAL RESOURCES TO ENABLE THE DEFENDANT TO OFFSET SAID COSTS IN THE AMOUNT ORDERED.

WHEN IT IS SHOWN ABOVE THAT RESTITUTION HAS BEEN ORDERED, BUT THE MAGISTRATE FOUND THAT THE INCORPORATION OF THE VICTIM'S NAME AND ADDRESS IS NOT IN THE BEST INTEREST OF THE VICTIM, SUCH FINDING IS HEREBY APPROVED BY THE COURT, AND THE PERSON OR AGENCY WHOSE NAME AND ADDRESS IS SET OUT IN THIS JUDGMENT WILL ACCEPT AND FORWARD THE RESTITUTION PAYMENTS TO THE VICTIM.

FOLLOWING THE DISTRIBUTION OF THIS CAUSE THE DEFENDANT'S FINGERPRINT WAS, IN OPEN COURT, PLACED UPON A CERTIFICATE OF FINGERPRINT. SAID CERTIFICATE IS ATTACHED HERETO AND IS INCORPORATED BY REFERENCE AS A PART OF THIS JUDGMENT.

A PRESENTENCE INVESTIGATION WAS CONDUCTED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF LAW.

COURT COSTS IN THE AMOUNT OF \$124.50

RESTITUTION IN THE AMOUNT OF \$ 200.00  
NAME:  
ADDRESS:

TO BE PAID TO:

JUDGE PRESIDENT

JEDIDIAH ISAAC MURPHY  
CAUSE NO. F95-78692M  
THEFT  
C 4691

January TERM 1996  
REGULAR PROBATION  
STATE JAIL FELONY XX  
DEFERRED ADJUDICATION  
BOOT CAMP  
SHOCK PROBATION

In accordance with the authority conferred by the Adult Probation and Parole Law of the State of Texas, you have been placed on probation on this date 2-26-96 for a period of 5 years. It is the order of this Court that you comply with the following conditions of probation:

- (a) Commit no offense against the laws of this or any other State of the United States, and do not possess a firearm during probation term.
- (b) Avoid injurious or vicious habits, and do not use marijuana, narcotics dangerous drugs, inhalants, or prescription medication without first obtaining a prescription for said substance from a licensed physician.
- ~~(c) Avoid persons or places of disreputable or harmful character and do not associate with individuals who commit offenses against the laws of this or any other State or the United States.~~
- (d) Obey all the rules and regulations of the probation department, and report as directed by the Probation Officer; to-wit: weekly or monthly.
- (e) Permit the Probation Officer to visit you at your home or elsewhere, and notify the Probation Officer not less than twenty-four (24) hours prior to any changes in your home or employment address.
- (f) Work faithfully at suitable employment as far as possible, and seek the assistance of the Probation Officer in your efforts to secure employment when unemployed.
- (g) Remain within a specified place, to-wit: Dallas County, Texas; and do not travel outside Dallas County, Texas without first obtaining written permission from this Court.
- (h) Pay Court cost and fine, if one be assessed, in one or several sums to the District Clerk of Dallas County, Texas: \$ 100.00.
- (i) Support your dependents.
- (j) Pay a probation fee of \$ 40.00 per month to the Probation Officer of this Court on or before the first day of each month hereafter during probation.
- (k) Submit urine samples as directed by the Probation Officer.
- (l) Pay Court-appointed Attorney fees in the amount of \$ \_\_\_\_\_ within 120 days of this order through the Probation Department.
- (m) Pay a fee of \$60.00 for urinalysis through the Probation Department within 180 days of this order.
- (n) Pay restitution in the amount of 300.00 through the Probation Department at 25.00 per month beginning 3-1-96.
- (o) Pay \$50.00 to Dallas Area Crimestoppers by 7-1-96.
- (p) Perform 120 hours of Community Service at a rate of not less than fifteen (15) hours per month at a Court approved project designated by the Probation Department, to be completed by 7-1-97.

CAUSE NO. F94-25434-V

THE STATE OF TEXAS

VS.

James Arnold Jackson

IN THE CRIMINAL

DISTRICT COURT 19th

DALLAS COUNTY, TEXAS



Right  
Thumb\*



Defendant's RT hand

THIS IS TO CERTIFY THAT THE FINGERPRINTS ABOVE ARE THE ABOVE-NAMED DEFENDANT'S FINGERPRINTS TAKEN AT THE TIME OF DISPOSITION OF THE ABOVE STYLED AND NUMBERED CAUSE.

DONE IN COURT THIS 26 DAY OF Feb, 1926

Cliff Stollenwerk  
DEPUTY SHERIFF

\*Indicate here if print other than defendant's right thumbprint is placed in box:

     left thumbprint

     left/right index finger

     other,

NO. F95-192-M

THE STATE OF TEXAS  
VS.194TH JUDICIAL DISTRICT COURT  
DALLAS COUNTY, TEXASJEDIDIAH ISAAC MURPHYJULY TERM 2000MOTION TO REVOKE PROBATION

COMES NOW the State of Texas by and through her Criminal District Attorney and would show the Court the following:

That JEDIDIAH ISAAC MURPHY, Defendant was duly and legally placed on probation for a period of 5 years in the above entitled and numbered cause in 194TH JUDICIAL DISTRICT COURT of Dallas County, Texas, on the 26th day of FEBRUARY, 1996 for the offense of:

THEFT  
A STATE JAIL FELONY  
AS CHARGED IN THE INDICTMENT

That the Defendant has violated the following conditions DEMNO P of said probation in that

SEE PAGE 2 ATTACHED

This violation-offense occurred after FEBRUARY 26, 1996 and during the term of probation.

Wherefore, the State prays that said Defendant be cited to appear before this Honorable Court and show cause why the Court should not proceed with an adjudication of guilt on the original charge.  
STATE REQUESTS NO BOND ON THIS CASE.

This the 6th day of OCTOBER, A.D. 2000.

\*\*\*\*\*  
\* F I L E D \*  
\* \*  
\* OCTOBER 6, 2000 \*  
\* JIM HAMLIN \*  
\* DISTRICT CLERK \*  
\* DALLAS CO., TEXAS \*  
\* Ann S \*  
\* DEPUTY \*  
\*\*\*\*\*

BILL HILL  
District Attorney  
Dallas County, Texas

By: Rebecca Monerf  
Assistant District Attorney

A copy of this motion was delivered to the Defendant on the 19th day of October A.D. 2000

Probation Officer

I received a copy of this motion on the 19th day of October A.D. 2000

ML #4691.002 in PRO06

Jedidiah Murphy  
Defendant



MOTION TO REVOKE PROBATION

- page 2 -

NAME JEDIDIAH ISAAC MURPHY

NO. F95-75692-M

- (D) Report to the Supervision Officer: WEEKLY, MONTHLY, TWICE MONTHLY or as directed by the Supervision Officer;  
(JEDIDIAH ISAAC MURPHY did not report to the Community Supervision Officer as directed for the months/weeks of AUGUST thru DECEMBER, 1999 and JANUARY, 2000 thru SEPTEMBER, 2000.)
- (E) Permit the Supervision Officer to visit you at your home or elsewhere and give notice to the Supervision Officer no less than 24 hours PRIOR to any change of residence or employment;  
(JEDIDIAH ISAAC MURPHY failed to inform supervision officer of his whereabouts.)
- (M) Pay a fee of \$60.00 for urinalysis through the Probation Department within 180 days of this order.  
(JEDIDIAH ISAAC MURPHY did not pay urinalysis through the Probation Department within 180 days and is delinquent \$60.00.)
- (N) Pay restitution in the amount of \$200.00 through the Probation Department at \$25.00 per month beginning JULY 1, 1996.  
(JEDIDIAH ISAAC MURPHY did not pay restitution through the Probation Department at \$25.00 per month and is delinquent \$200.00.)
- (O) Pay \$50.00 to Dallas Area Crimestoppers by JULY 1, 1996.  
(JEDIDIAH ISAAC MURPHY did not pay \$50.00 to Dallas Crime Stoppers by JULY 1, 1996 and is delinquent \$50.00.)
- (P) Perform 120 hours of community service at a rate of not less than 20 hours per month at a court approved project designated by the Community Supervision and Corrections Department. All hours must be completed as scheduled, but no later than JULY 1, 1997 ;  
(JEDIDIAH ISAAC MURPHY did not perform community service hours as directed.)

DEFENDANT MURPHY, JEDIDIAH WM 090175 CHARGE THEFT 1,500  
 ADDRESS 6218 PINELAND, DALLAS, TX LOCATION UNKNOWN  
 FILING AGENCY TXDPD0000 DATE FILED 9/14/95 COURT \_\_\_\_\_  
 COMPLAINANT WEBSTER, LESLIE F-9575692 *QM*  
 C/C JOSEPH CHRISTIAN TESTA

## TRUE BILL OF INDICTMENT

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS: The Grand Jury of Dallas County,  
 State of Texas, duly organized at the JULY Term, A.D. 19 95 of the  
204TH JUDICIAL District Court \_\_\_\_\_, Dallas County, in said court at said  
 Term, do present that one \_\_\_\_\_, defendant,

MURPHY, JEDIDIAH ISAAC  
 on or about the 18TH day of AUGUST A.D. 19 95 in the County of Dallas and said State, did

unlawfully, knowingly and intentionally appropriate property, namely: exercise  
 control over property, other than real property, to-wit: one (1) pickup truck, of the  
 value of at least \$1,500.00 but less than \$20,000.00, without the effective consent  
 of LESLIE WEBSTER, the owner of the said property, with the intent to deprive the  
 said owner of the said property,

against the peace and dignity of the State.

JOHN VANCE

Criminal District Attorney of Dallas County, Texas.

*Forman of the Grand Jury.*



THE STATE OF TEXAS  
COUNTY OF TEXAS

I, JIM HAMLIN, DISTRICT CLERK OF DALLAS  
COUNTY, TEXAS, DO HEREBY CERTIFY THAT  
THE FOREGOING IS A TRUE AND CORRECT  
COPY AS THE SAME APPEARS ON RECORD NOW  
ON FILE IN MY OFFICE.

WITNESS MY OFFICIAL HAND AND SEAL OF  
OFFICE THIS JAN 1 2010

JIM HAMLIN, DISTRICT CLERK  
DALLAS COUNTY, TEXAS

BY: *J. Quinn*  
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State's Exhibit Number 130

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THE STATE OF TEXAS \* IN THE COUNTY COURT  
 VS. \* AT LAW OF  
 JEDIDIAH ISAAC MURPHY \* KAUFMAN COUNTY, TEXAS

JUDGMENT - NO PROBATION

This day this cause was called for trial, and the State appeared by her Assistant District Attorney, and the Defendant, JEDIDIAH ISAAC MURPHY, having been duly arraigned, appeared, his counsel also being present, and both parties announced ready for trial; and it appearing to the Court that the Defendant and the State have agreed to waive a jury and to submit this cause to the Court, and the Court having consented to the waiver of a jury herein, the information was read, and the Defendant after being admonished of the consequences thereof by the Court pleaded NOLO CONTENDERE to the accusation therein contained. And the Court having heard the evidence submitted and the argument of counsel finds the Defendant GUILTY as charged in the information.

And it appearing to the Court that the Defendant and the State have agreed to waive a jury and submit the assessment of said Defendant's punishment to the Court; and the Court having consented to the waiver of a jury herein, and after having heard all the evidence submitted and argument of counsel the Court is of the opinion and so finds that the said Defendant's punishment should be by a fine of \$500.00 AND ONE (1) YEAR LOSS FEDERAL BENEFITS AND ONE (1) YEAR DRIVERS LICENSE SUSPENSION and by confinement in the county jail for a term of TWO (2) DAYS .

IT IS THEREFORE, CONSIDERED AND ADJUDGED by the Court that the Defendant JEDIDIAH ISAAC MURPHY is guilty of the offense of POSSESSION MARIHUANA, U/2 OZ. as found by the Court, and that he be punished as found by the Court, that is by a fine of \$500.00 AND ONE (1) YEAR LOSS FEDERAL BENEFITS AND ONE (1) YEAR DRIVERS LICENSE SUSPENSION, and by confinement in the County jail of Kaufman County, Texas, for a term of TWO (2) DAYS and that the State of Texas do have and recover of the said Defendant the amount of such fine, and all costs in this prosecution for which execution may issue; and that the said Defendant be remanded to jail to await the further orders of the Court herein.

Date 11th day of June A.D. 1998

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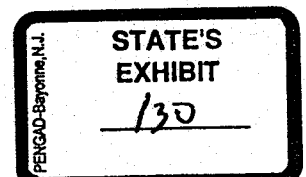
Judge, County Court at Law  
 Kaufman County, Texas

A CERTIFIED COPY

ATTEST

RONALD GANN, COUNTY CLERK  
 KAUFMAN COUNTY, TEXAS

By Dennis W. Wilson Holly Earnheart



NAME: JEDIDIAH ISAAC MURPHY  
 ADDRESS: 6305 FM 429, KAUFMAN, TEXAS 75142  
 CHARGE: Possession of marihuana, under 2 oz.

IN THE NAME AND BY AUTHORITY OF THE STATE OF TEXAS:

I, JIMMY LANE, being duly sworn, do state upon my oath that I have good reason to believe and do believe based upon the following information, to-wit: the report of D. ALBERTY, the arresting authority, who is a commissioned peace officer of the State of Texas, and I charge that heretofore, and before the making and filing of this complaint, on or about 14th day of March A.D. 1996, in the County of Kaufman and State of Texas, JEDIDIAH ISAAC MURPHY, Defendant, did then and there intentionally and knowingly possess a usable quantity of marihuana, to-wit: of two (2) ounces or less;

AGAINST THE PEACE AND DIGNITY OF THE STATE.

SWORN TO AND SUBSCRIBED BEFORE ME BY JIMMY LANE, a credible person, this 2nd day of May A.D. 1996.

*[Signature]*  
 Criminal District Attorney  
 Kaufman County, Texas

FILED FOR RECORD  
 KAUFMAN CO. TEXAS

96 MAY 13 PM 1:02

CRISSY GANN  
 COUNTY CLERK  
 BY *[Signature]*  
 DEPUTY

A CERTIFIED COPY  
 ATTEST 11.13 2000  
 RONALD GANN, COUNTY CLERK  
 KAUFMAN COUNTY, TEXAS

By *[Signature]* Deputy

I, Louis W. Conradt, Jr., Criminal District Attorney of Kaufman County, Texas, on the written affidavit of JIMMY LANE, a competent and credible person, herewith filed in the County Court At Law of Kaufman County, Texas, do present in and to said Court that on or about 14th day of March A.D. 1996, in the County of Kaufman and State of Texas, JEDIDIAH ISAAC MURPHY, Defendant, did then and there intentionally and knowingly possess a usable quantity of marihuana, to-wit: of two (2) ounces or less;

AGAINST THE PEACE AND DIGNITY OF THE STATE.

*Louis W. Conradt, Jr.*  
Criminal District Attorney  
Kaufman County, Texas

FILED FOR RECORD  
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CRISSEY GANN  
COUNTY CLERK  
BY: *Michelle J. Gann*  
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ATTEST 11:13 20  
RONALD GANN, COUNTY CLERK  
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By Holley Earnheart Deput

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State's Exhibit Number 131

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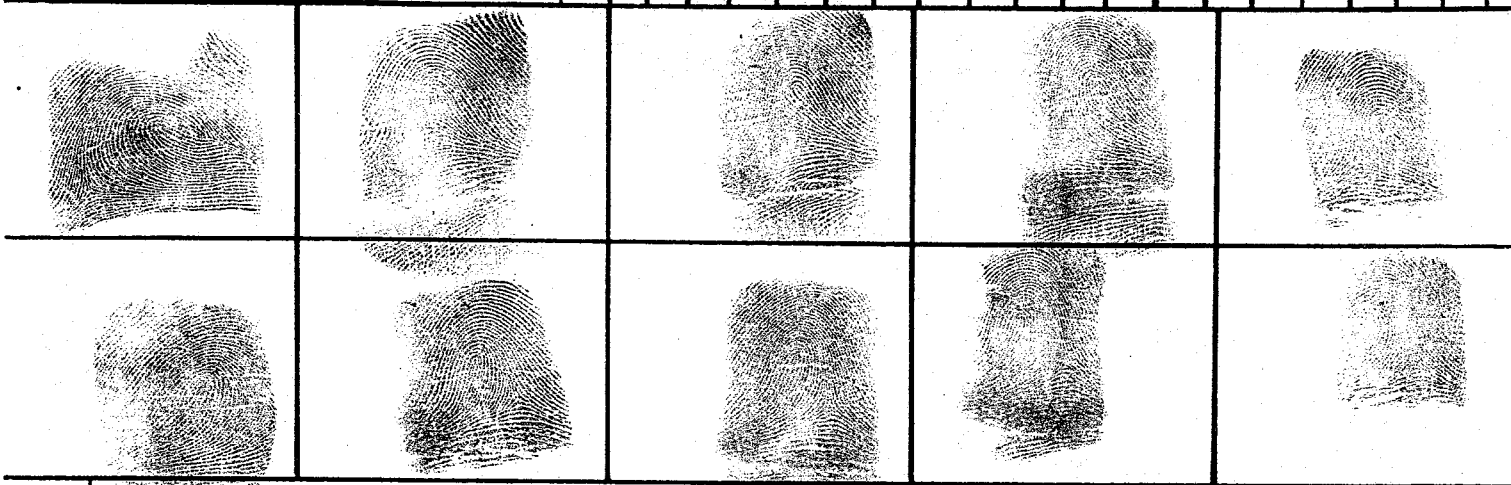
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DSO# \_\_\_\_\_ DPD # \_\_\_\_\_ FPC \_\_\_\_\_  
NAME MURPHY, JEDIDIAH DPS # \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_

STATE'S  
EXHIBIT  
131

PENGAD-Bayonne, N.J.



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JIM BOWLES, SHERIFF  
DALLAS COUNTY, TEXAS

SHER/ID/103  
(Rev. 02-15-80)

SIGNATURE

*Jedidiah L. Murphy*

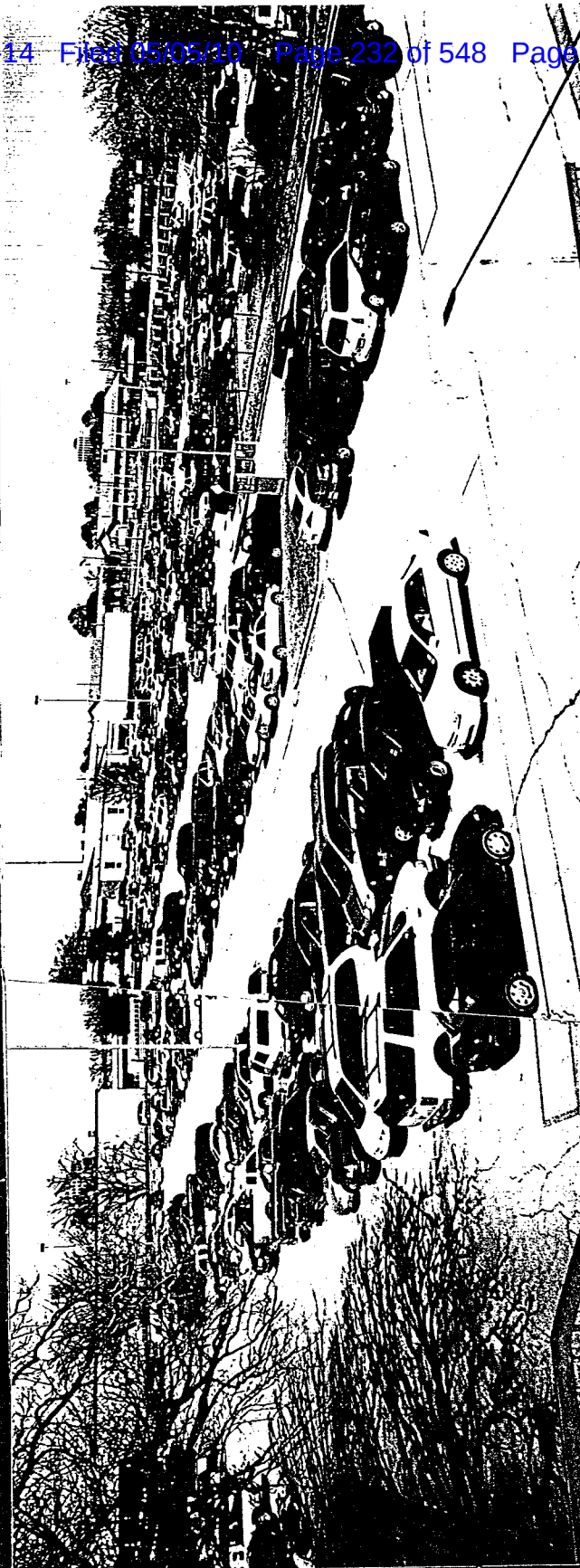


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State's Exhibit Number 132

Photograph of Hospital

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PENGAD-Bayonne, N.J.

STATE'S  
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State's Exhibit Number 133

Wilhelm Photograph

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PENGAD-Bayonne, N.J.

STATE'S  
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State's Exhibit Number 134

Wilhelm Photograph

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PENGAD-Bayonne, N.J.  
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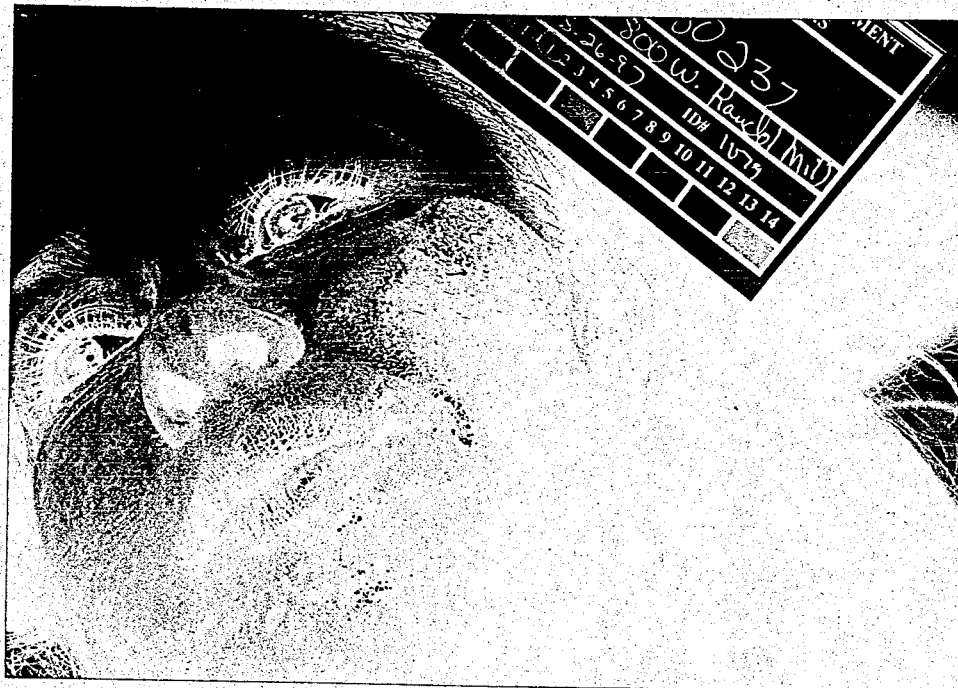
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State's Exhibit Number 135

Wilhelm Photograph

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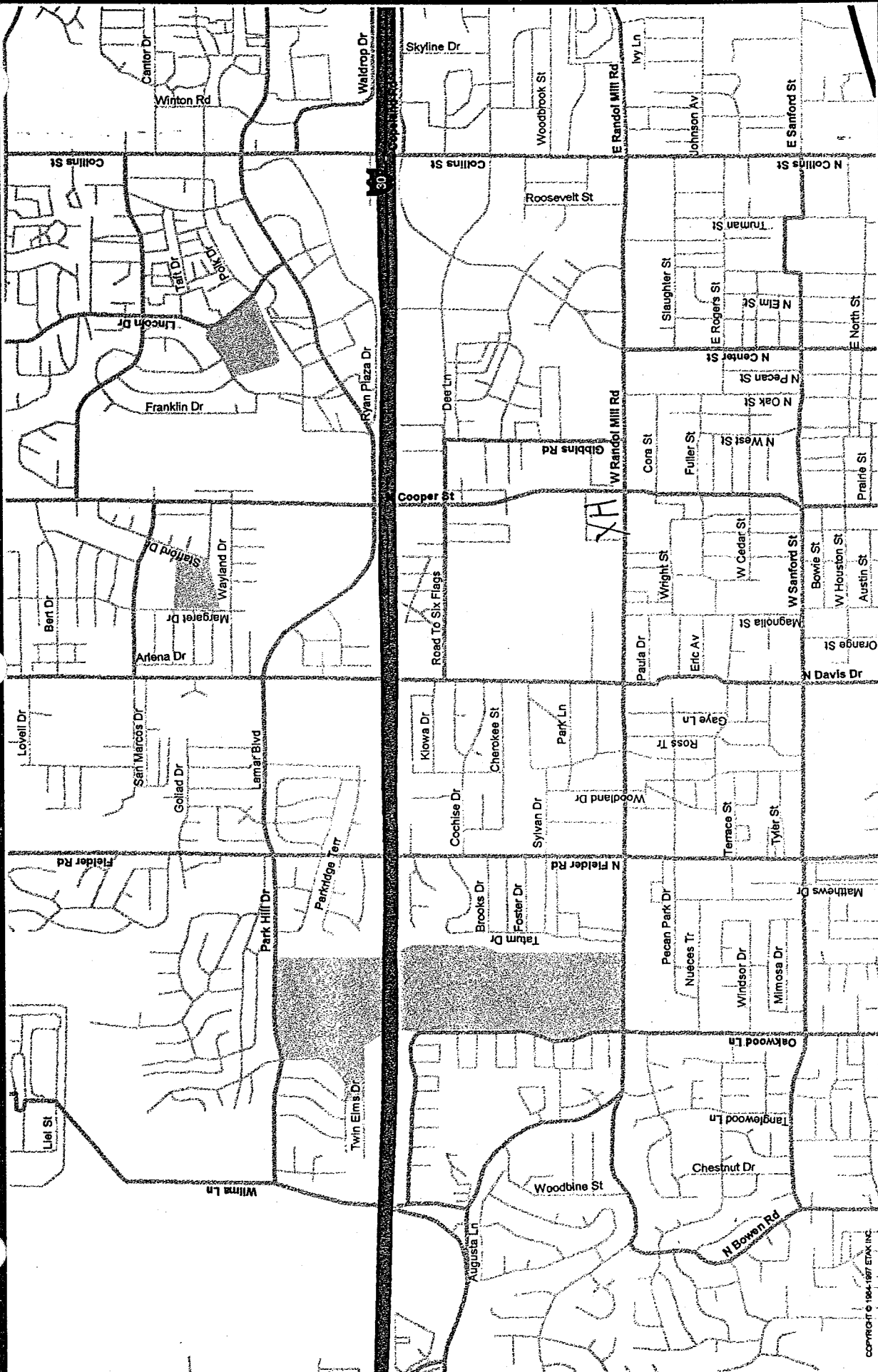
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State's Exhibit Number 136

Arlington Mapsco Board

(Copy attached)



STATE'S  
EXHIBIT

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State's Exhibit Number 137

Witness Composite Form

(Copy attached)

Arlington Police Department  
Witness Composite Information

Det. Assigned: J Stanton Composite by: D. Ligon 541  
Witness Name: Sherry I Wilhelm  
Offense Number: 922380237 Date of Composite: 9/4/97  
Offense Title: Robbery Date of Offense: 8/26/97  
Location of Offense: 800 W. Randol Mill Rd  
Suspect name: unb Ethnicity: USA - Am  
Sex: W Race: M Height: 510 Weight: 160 Build: mod  
Age: 20-25 Hair Color: Blk Length: Short Style: \_\_\_\_\_  
Eye Color: dark Beard: ✓ Sideburns: ✓ Must: ✓  
Skin Tone: olive Acne: ✓ Blemishes: ✓ Pock Marks: \_\_\_\_\_  
Adams Apple: Other: \_\_\_\_\_  
Hat: no Glasses: ✓  
Jewelry: loop ear ring left ear - small  
Pants: blue jeans Shirt: med blue Shoes: N/A  
Pull over T-shirt  
Other: ✓  
Weapon: none Accent: none

short insides & fade on top no parts bent  
heavy beard clean shaven

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State's Exhibit Number 138

Aavid Business Records

(Copy attached)

F00-02424-M

THE STATE OF TEXAS

V.

JEDIDIAH ISAAC MURPHY

§  
§  
§  
§  
§  
§

IN THE 194<sup>TH</sup> JUDICIAL

DISTRICT COURT OF

DALLAS COUNTY, TEXAS

AFFIDAVIT

STATE OF TEXAS

COUNTY OF Kaufman

§  
§  
§

BEFORE ME, the undersigned authority, on this day personally appeared Winnie Boehnke, who being by me duly sworn, deposed as follows:

"My name is Winnie Boehnke, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

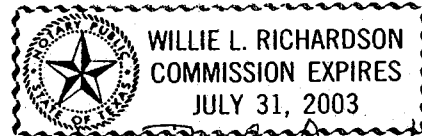
I am the custodian of the records of Aavid Thermalloy (formerly Aavid Thermal Products). Attached hereto are 29 pages of records from Aavid Thermalloy. These said 29 pages of records are kept by Aavid Thermalloy in the regular course of business, and it was the regular course of business of Aavid Thermalloy for an employee or representative of Aavid Thermalloy with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original."



Willie L. Richardson  
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME this 8 day of JAN, 2000,

to certify which witness my hand and seal of office.



Willie L. Richardson  
Notary Public in and for

Kearney County, \_\_\_\_\_

My Commission Expires:

7-31-2003



**BILL HILL**  
**CRIMINAL DISTRICT ATTORNEY**  
Frank Crowley Courts Building  
133 N. Industrial Boulevard, L.B. 19  
Dallas, Texas 75207-4399  
Office: 214.653.3600

**FACSIMILE COVER SHEET**

DATE: 12-7-2008

Total Pages, Including Cover:

To: W. BOEHNKE	Dept./Agency: AVID TEC
Fax #: 972 551 7361	Phone #: 972 524 1122

From: INV Willie Richardson  
P1

Reply to Fax #: 214 653 5774

Dept./Agency: DALLAS COUNTY DISTRICT ATTORNEY'S OFFICE

Comments: PLEASE CK YOUR RECORDS FOR A JEDIDIAH  
MURPHY DOB, 9-1-75- CK DATES OF AUG-26-27-28  
1997- Please expedite

**CONFIDENTIALITY NOTICE**

The information contained in this facsimile message is privileged and confidential and is intended only for the exclusive use of the addressee. The term "privileged and confidential" includes, without limitation, attorney-client privileged communications, attorney work product, and any other proprietary information. Nothing in this facsimile is intended by the attorney to constitute a waiver of the confidentiality of this message. If the reader of this message is not the intended recipient, or employee/agent of the intended recipient, you are hereby notified that any use, disclosure, dissemination, duplication, distribution or the taking of any action because of this communication is unauthorized and strictly prohibited. If you have received this facsimile transmission in error, please notify us by telephone immediately so that we can arrange for the return of the original documents.

Joseph Murphy  
3rd shift



**BILL HILL**  
**CRIMINAL DISTRICT ATTORNEY**  
 Frank Crowley Courts Building  
 133 N. Industrial Boulevard, L.B. 19  
 Dallas, Texas 75207-4399  
 Office: 214.653.3600

**FACSIMILE COVER SHEET**

DATE: 12-7-2000

Total Pages, Including Cover:

To: W. BOEHNKE	Dept./Agency: AVID TEC
Fax #: 972 551 7361	Phone #: 972 524 1122

From: INV Willie Richardson  
 P2

Reply to Fax #: 214 653 5774

Dept./Agency: DALLAS COUNTY DISTRICT ATTORNEY'S OFFICE

Comments: PLEASE CK YOUR RECORDS FOR A JEDIDIAH  
 MURPHY DOB 9-1-75 - CK DATES OF AUG-26-27-28  
 1997- Please expedite

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Joseph Murphy  
 3rd Shift

EMP #40564 SHIFT-3

[illegible]

Faked

Attn: Willie Richardson

00-22-2

9:46 am

*Jim Murphy*  
 MURPHY, JIM  
 WK END 08-30-97 DEPT #16  
 EMP #40564 SHIFT-3

	In	Sunday		
	Out			
	In			
	Out			
40.00	In	Monday	7.15	
	Out			
	In			
	Out			
6.03 <sup>26</sup>	In	Tuesday	8.36	
	Out			
	In			
	Out			
46.03 <sup>26</sup> JLF	In	Wednesday	7.61	
	Out			
	In			
	Out			
27	In	Thursday	7.74	
	Out			
	In			
	Out			
28	In	Friday	7.95	
	Out			
	In			
	Out			
29	In	Saturday	7.22	
	Out			
	In			
	Out			
30	In			
	Out			
	In			
	Out			

PAYCHEX

Employee Profile

564

Employee #	<u>564</u>	Name	<u>JEDIDIAH MURPHY</u>	
S.S.#	<u>456-71-2610</u>	Address	<u>6305 FM 429</u>	
		City/State	<u>KAUFMAN TX</u>	Zip <u>75142</u>
		Federal:	Marital Status <u>M</u>	Exemptions <u>0.2</u>
Hourly Rate 1		State:		
Hourly Rate 2		Local:		
Hourly Rate 3		Male/Female:	<u>MALE</u>	
Birth Date	<u>09/01/75</u>	Start Date	<u>5/15/97</u>	Termination Date <u>1</u>

Supervisor indicate:

Hire Date: 5-15-97

Start Date: 5-15-97

Dept. # and Name: 165

Shift: 3

Base Rate: \$ \_\_\_\_\_

Shift Prem: \_\_\_\_\_

Pay Rate: \$ 6.50

↓  
Married  
OR  
Single

↓  
How many  
Dependents  
claimed?

23.38 hrs

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins

Print Name: Last <u>MURPHY</u>	First <u>JERIDIAH</u>	Middle Initial <u>I</u>	Maiden Name
Address (Street Name and Number) <u>6305 FM 429</u>		ApL #	Date of Birth (month/day/year) <u>09-01-75</u>
City <u>KAUFMAN</u>	State <u>TX</u>	Zip Code <u>75142</u>	Social Security # <u>456-71-2610</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):  
☒ A citizen or national of the United States  
☐ A Lawful Permanent Resident (Alien # A)  
☐ An alien authorized to work until 1/1  
 (Alien # or Admission #)

Employee's Signature Jim Murphy

Date (month/day/year)  
09-01-75

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____	OR	<u>TX DL 12468174</u>		<u>456-71-2610</u>
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): <u>1/1</u>		<u>9/1/01</u>		_____
Document #: _____		_____		_____
Expiration Date (if any): <u>1/1</u>		_____		_____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 1/1 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name <u>Aavid Thermal Tech. of TX. Inc.</u> <u>250 Apache Tr. Terrell, TX 75160</u>		e) Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
-----------------------------	--

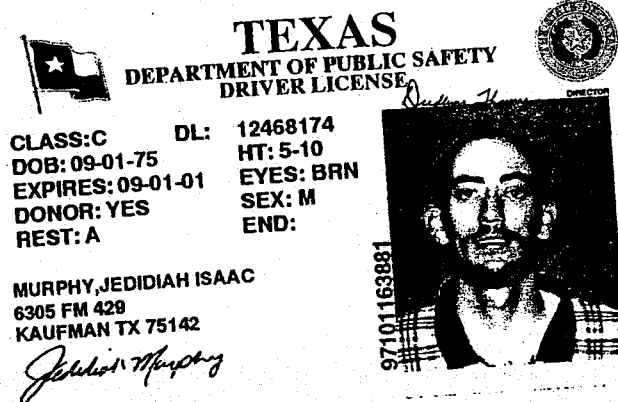
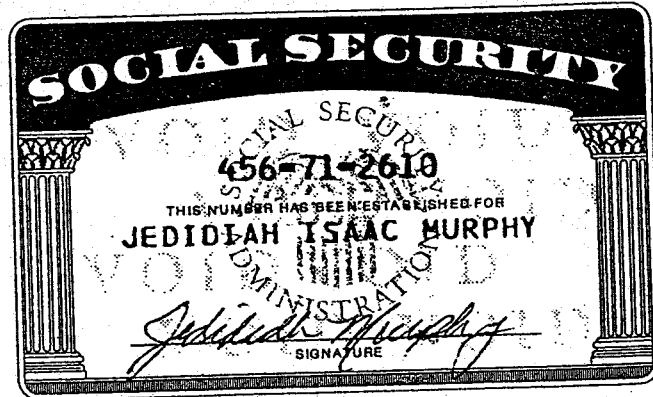
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): 1/1

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------







# AAVID

Thermal Technologies, Inc. — the industry leader in thermal management products

100 Industrial Path • P.O. Box 400  
 New Hampshire 03247-0400  
 Human Resources: (603) 527-2118 • Fax: (603) 527-2369

As a condition of your continuing at Aavid Thermal Technologies, Inc., you may be subject to periodic testing for the use of alcohol or illegal drugs. You will be deemed to have consented to these tests by continuing your employment with Aavid.

Applicant: Consistent with applicable federal and state laws, all employment applications are considered by Aavid Thermal Technologies, Inc., without regard to race, religion, color, sex or national origin.

*JTM*

**PERSONAL**

Name: MURPHY JEDIDIAH ISAAC Date: 5-7-97  
 last first middle 456 - 71 - 2616  
 social security number

Address: 6305 F.M. 429 KAUFMAN TX 75142  
 no. street city state zip

Telephone No. 972-962-7443 Referred by: ☒ Our Advertisement ☐ Friend/relative  
☐ Emp. Agency ☐ No one

Position(s) applied for: FORKLIFT OR MACHINERY Full time ☒ Part time ☐ Temp ☐

Rate of pay expected: \$ \_\_\_\_\_ per \_\_\_\_\_ If part time specify days/hours \_\_\_\_\_

Are you 18 or over? YES (If no, hire is subject to minimum legal age verification.)

Where you will work 2nd shift? ☐ Yes ☐ No 3rd shift? ☒ Yes ☐ No Veteran? ☐

Lift preference: ☒ 1st ☐ 2nd ☒ 3rd ☐ Other \_\_\_\_\_

Have you ever applied for work here before? YES If yes, when? A YEAR AGO

Have you worked for us before? NO If yes, when? \_\_\_\_\_ Position: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills, and extracurricular/personal activities:  
FORKLIFT, CRANE, TRACTOR L.C. OPERATOR, SHEAR,  
ASSEMBLY ETC.

Have you ever been convicted of a crime which has not been formally pardoned, other than motor vehicle offenses resulting in a fine? ☐ Yes ☒ No If yes, explain \_\_\_\_\_

In case of an emergency, notify: HOPE ABBOTT name  
6305 FM 429 address 972-962-7443 phone

**PERFORMANCE REQUIREMENTS:**

If you are offered a job with Aavid Thermal Technologies, Inc. the offer and continued employment will be based upon your being able to satisfy the physical conditions of the job which were explained to you at the time of the interview. Your job offer or continued employment cannot and will not be rescinded based upon your physical appearance or condition unless you or your supervisor determine that you cannot perform the essential functions of the job (with reasonable accommodations if requested) or you present a hazard to yourself or others. False or misleading statements in completing the review will be

EDUCATION

Case 3:10-cv-00163-N Document 42-14 Filed 05/05/10 Page 254 of 548 PageID 8712

NAME AND LOCATION OF SCHOOL	# YEARS ATTENDED	DEGREE	GRADUATE Y/N
ELEMENTARY			
HIGH SCHOOL	12		YES
OTHER NAVARO COLLEGE		NO	

PRIOR EMPLOYMENT

NAME, ADDRESS, TELEPHONE	PERIOD		POSITION	RATE OF PAY	REASON FOR LEAVING
	From	To			
HEK ENTERPRISES	<input type="checkbox"/>		FORKLIFT	9.75	MOVED
SPEEDS BILLIARDS	<input type="checkbox"/>		BARTELEDER	8.00	STABLED
ADDISON HERRINGTON	<input type="checkbox"/>		OPERATOR	14.00	STILL THERE
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Check box next to employer's name indicating those you do not wish us to contact.

REFERENCES — PRIOR EMPLOYMENT

NAME, COMPANY AND POSITION OF REFERENCE	TELEPHONE
LEE PARNELL	972 563-0200
<del>CHARLES LEE PARNELL</del>	
EDDIE HORTON	972 563-7360
RAY PHILLIPS	972 962-7443

This space is provided for any additional comments you want to add:

I am submitting this application for employment. I do so with the understanding that my previous and present employers may be asked for information relative to my employment record with them. I hereby release those employers and their individual employees from any and all liability or damage relating to information about my prior employment or character which they may relate to Aavid Thermal Technologies, Inc.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship which I may have with Aavid Thermal Technologies, Inc., is of an "AT WILL" nature, which means that I may resign at any time and Aavid Thermal Technologies, Inc., may discharge me at any time, with or without cause.

The information contained in this application is accurate and true. I acknowledge that Aavid Thermal Technologies, Inc., has the right to check the accuracy of this information or information I may have furnished orally during the application process. I understand that any misleading or any incorrect information or statements may render my application void and constitute cause for immediate termination in the event I have been employed.

Signature: 5-7-97 Signed: *Johnathan Murphy*

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW:

Date:

Interviewed	For Dept.	Position	Will Report	Salary Wages	Level
Approved:		Circle one: Full Time Part Time Temp		Shift	

Supervisor/Manager

## DRUG SCREENING POLICY STATEMENT FOR JOB APPLICANTS

It is the policy of AAVID Thermal Technologies, Inc. to maintain a safe, healthful and productive work environment for our employees; to provide quality services for our customers in an efficient manner; to maintain the integrity and security of our facilities and property; and to perform all these functions in a manner consistent with the interests and concerns of the communities in which we are located.

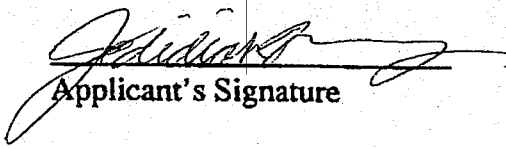
Because of this AAVID Thermal Technologies, Inc. requests that candidates for employment who receive job offers take a pre-employment physical examination which includes a drug screening test covering illegal substances and legal substances subject to abuse. All job offers are conditional on passing the physical examination and drug test.

Each eligible candidate will be required to submit a urine and/or blood specimen or other appropriate sample as part of the physical examination and to sign the following Consent and Release. Refusal will result in the candidate's disqualification for further employment consideration. AAVID Thermal Technologies, Inc. will not knowingly hire anyone who tests positive for substance abuse.

### CONSENT AND RELEASE LIABILITY

I UNDERSTAND that AAVID Thermal Technologies, Inc. requests that I take a pre-employment physical examination which includes appropriate tests to determine the absence or presence of drugs.

I RELEASE AAVID Thermal Technologies, Inc., its parent and affiliated corporations, and their employees and agents from any and all potential liability arising from this request, from taking such tests, or from my failure or refusal to submit to such tests.

  
Applicant's Signature

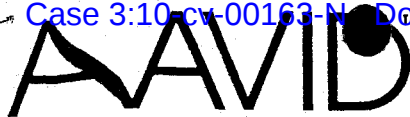
CONSENT voluntarily to the physical examination including the drug test.

\_\_\_\_\_  
Applicant's Signature

REFUSE to submit to such tests. I understand that this refusal will disqualify me from further employment consideration.

5-7-97  
Date

## Application for Employment



THERMAL TECHNOLOGIES, INC. — the industry leader in thermal management products

2000 Main Path • P.O. Box 400  
 Andover, New Hampshire 03247-0400  
 Human Resources: (603) 527-2118 • Fax: (603) 527-2369

As a condition of your continuing at Aavid Thermal Technologies, Inc., you may be subject to periodic testing for the use of alcohol or illegal drugs. You will be deemed to have consented to these tests by continuing your employment with Aavid.

Applicant: Consistent with applicable federal and state laws, all employment applications are considered by Aavid Thermal Technologies, Inc., without regard to race, religion, color, sex or national origin.

## PERSONAL

Date: 2-9-96

Name: MURPHY JERIDIAH ISAAC 456-71-2610  
 last first middle social security number

Address: 6305 FM 429 KAUFMAN TX 75142  
 no. street city state zip

Telephone No. 214-962-7443 Referred by: ☒ Our Advertisement ☐ Friend/relative

Rate you can start: ASAP ☐ Emp. Agency ☐ No one

Position(s) applied for: FORK LIFT OR ANY Full time ☒ Part time ☐ Temp ☐

Rate of pay expected: \$ 5.50 per hour If part time specify days/hours FULL TIME

Are you 18 or over? YES (If no, hire is subject to minimum legal age verification.)

Are you willing to work 2nd shift? ☒ Yes ☐ No 3rd shift? ☒ Yes ☐ No Veteran? NO

Shift preference: ☒ 1st ☐ 2nd ☐ 3rd Other ☐

Have you ever applied for work here before? NO If yes, when? N/A

Have you worked for us before? NO If yes, when? N/A Position: N/A

Describe any specialized training, apprenticeship, skills, and extracurricular/personal activities: HEK OUT OF

DALLAS I WORKED AS A FORK LIFT OPERATOR

ALSO WORKED IN FABRICATION & SHIPPING &

RECEIVING

Have you ever been convicted of a crime which has not been formally pardoned, other than motor vehicle offenses resulting

solely in a fine? ☐ Yes ☒ No If yes, explain ☐

In case of an emergency, notify: HOPE ABBOTT

name

SPRINGFIELD APTS.  
 address

214-962-5965  
 phone

## PERFORMANCE REQUIREMENTS:

If you are offered a job with Aavid Thermal Technologies, Inc. the offer and continued employment will be based upon your being able to satisfy the physical conditions of the job which were explained to you at the time of the interview. Your job offer or continued employment cannot and will not be rescinded based upon your physical appearance or condition unless you or your supervisor determine that you cannot perform the essential functions of the job (with reasonable accommodations if requested) or you present a hazard to yourself or others. False or misleading statements in completing the review will be

NAME AND LOCATION OF SCHOOL	#YEARS ATTENDED	DEGREE	GRADUATED Y/N
ELEMENTARY			
SCHOOL	12		Y
OTHER			

**PRIOR EMPLOYMENT**

NAME, ADDRESS, TELEPHONE	PERIOD		POSITION	RATE OF PAY	REASON FOR LEAVING
	From	To			
JEFF H AUTOMOTIVE ( )	11-95	1-95	TECHNICAL	35%	MOVED
HICK DALLAS ( )	1-94	8-94	FORK LIFT	7.50	LAYED OFF

Check box next to employer's name indicating those you do not wish us to contact.

**REFERENCES — PRIOR EMPLOYMENT**

NAME, COMPANY AND POSITION OF REFERENCE	TELEPHONE
CHELSEA WILLIS	962-7443
JEANIE EGGELIN	932-5348
FRANISIS GRAY	962-5965

This space is provided for any additional comments you want to add:

In submitting this application for employment, I do so with the understanding that my previous and present employers may be asked for information relative to my employment record with them. I hereby release those employers and their individual employees from any and all liability or damage relating to information about my prior employment or character which they may relate to Aavid Thermal Technologies, Inc.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship which I may have with Aavid Thermal Technologies, Inc., is of an "AT WILL" nature, which means that I may resign at any time and Aavid Thermal Technologies, Inc., may discharge me at any time, with or without cause.

The information contained in this application is accurate and true. I acknowledge that Aavid Thermal Technologies, Inc., has the right to check the accuracy of any of this information or information I may have furnished orally during the application process. I understand that any misleading or any incorrect information or statements may render my application void and constitute cause for immediate termination in the event I have been employed.

Date: 2-9-96

Signed: Frederick S. Murphy

**DO NOT WRITE BELOW THIS LINE**

SUMMARY OF INTERVIEW:

Date:

Hired	For Dept.	Position	Will Report	Salary Wages	Level
Approved:	Supervisor/Manager	Circle one: Full Time Part Time Temp	Shift		



DRUG SCREENING POLICY STATEMENT  
FOR JOB APPLICANTS

It is the policy of AAVID Thermal Technologies, Inc. to maintain a safe, healthful and productive work environment for our employees; to provide quality services for our customers in an efficient manner; to maintain the integrity and security of our facilities and property; and to perform all these functions in a manner consistent with the interests and concerns of the communities in which we are located.

Because of this AAVID Thermal Technologies of TX, Inc. requests that candidates for employment who receive job offers take a pre-employment physical examination which includes a drug screening test covering illegal substances and legal substances subject to abuse. All job offers are conditional on passing the physical examination and drug test.

Each eligible candidate will be required to submit a urine and/or blood specimen or other appropriate sample as part of the physical examination and to sign the following Consent and Release. Refusal will result in the candidates disqualification for further employment consideration. AAVID Thermal Technologies of TX, Inc. will not knowingly hire anyone who tests positive for substance abuse.

CONSENT AND RELEASE LIABILITY

I UNDERSTAND that AAVID Thermal Technologies of TX, Inc. requests that I take a pre-employment physical examination which includes appropriate tests to determine the absence or presence of drugs.

I RELEASE AAVID Thermal Technologies of TX, Inc., its parent and affiliated corporations, and their employees and agents from any and all potential liability arising from this request, from taking such tests, or from my failure or refusal to submit to such tests.

  
Applicant's Signature

CONSENT voluntarily to the physical examination including the drug test.

-----  
Applicant's Signature

REFUSE to submit to such tests. I understand that this refusal will disqualify me from further employment consideration.

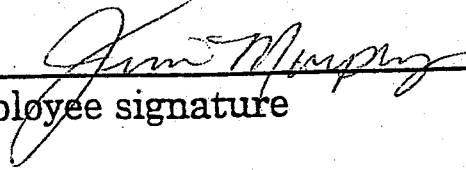
2-9-96  
-----  
Date



## AAVID SUBSTANCE AND DRUG POLICY

I hereby acknowledge: (a) that I have received a copy of Substance and Drug Policy; (b) that I have read it in its entirety; and (c) that I understand its contents.

5-15-97  
Date

  
Employee signature



---

## EMERGENCY CONTACT INFORMATION

---

**Employee Name:** JEDIDIAH MURPHY

The following is a list of people to contact in the event of an emergency:

**Name:** HOPE ABBOTT

**Telephone: (Home)** 972-962-7443 **(Work)** SAME

**Address:** 6305 FM 429

**City:** KACEMAN **State:** TX **Zip:** 75142

**Relationship:** MOM

---

**Name:** CHELSEA WILLIS

**Telephone: (Home)** 1-903-873-2215 **(Work)** 563-0200

**Address:** \_\_\_\_\_

**City:** WILLS POINT **State:** TX **Zip:** 75169

**Relationship:** FIANCE'

---

Date 5-15-97 Employee Name JEDIDIAH MURRAY  
 please print name  
 Department: 1105

## HAZARD COMMUNICATIONS PROGRAM

### CONCENTRATED ACID:

1. Inhalation will cause severe irritation or a burning sensation of the nose, throat and lungs.
2. When working with concentrated acid wear goggles and nitrile rubber gloves.

True

False



### CONCENTRATED CAUSTICS:

1. Concentrated caustics can cause blurred vision.
2. Neoprene or nitrile rubber gloves should be used.



### OILS, GREASES, COOLANTS AND LUBRICANTS:

1. Some individuals may develop an allergic type asthmatic reaction.
2. First Aid Treatment for eye contact, you should flush with fresh water for at least 15 minutes.



### HAZCOM, THE MSDS AND PLACARD SYSTEM :

1. Placards are Generic MSDS Sheets by hazard category.
2. Aavid's Labeling System is 0 -- 5 with "5" rating as deadly.
3. Ventilation is a good engineering control of chemical hazards.
4. Only the Loss Prevention Manager has copies of MSDS Sheets.



5. What do the letters MSDS stand for?

MEDICAL SAFETY DATA SHEET

6. An MSDS lists four "routes of exposure" into your body, name them.

1) BREATHING 2) EATING  
 3) EYES 4) SKIN

7. An MSDS lists two "effects of exposure", name them?

1) ACUTE 2) CHRONIC

8. What do the letters PPE stand for?

PERSONAL PROTECTIVE EQUIPMENT

## SIGNATURE PAGE

EMPLOYEE NAME: SEERIDIAN MURPHY

---

### AAVID HANDBOOK

1. I acknowledge that I have received a copy of the Aavid Handbook and that a company Representative went over the Handbook and benefits with me.
- 

### AAVID SUBSTANCE AND DRUG POLICY

2. I hereby acknowledge: (a) that I have received a copy of Substance and Drug Policy in the Aavid handbook; (b) that I have read it in its entirety; and (c) that I understand its contents. *No handbook given at this time*
- 

### ORIENTATION & TRAINING PROGRAM

3. I have completed the Human Resources Orientation & Training Program and I understand the program.
- 

5-15-97  
DATE

*Seeridian Murphy*  
EMPLOYEE SIGNATURE

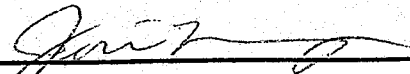
## ACKNOWLEDGMENT OF TEMPORARY EMPLOYMENT

I, SEEDIDIAH MURPHY, recognize that I have been hired by Aavid Thermal Technologies, Inc. as a temporary employee. I understand that I will remain in this status as a temporary employee unless Aavid Thermal Technologies, Inc. takes further action to change the category of my employment. No change in status will be effective unless prepared in writing and signed by an officer of Aavid Thermal Technologies, Inc. or an officer's designee.

I understand that if I accept an offer from Aavid Thermal Technologies, Inc., to become a regular Aavid employee, that this job offer is contingent upon passing a pre-employment physical examination which includes a drug screening test.

I understand that, as a temporary employee, my employment with Aavid Thermal Technologies, Inc. may be terminated immediately at any time, for any reason or no reason, solely at the Company's option. By signing this Acknowledgment, I accept employment as a temporary employee with Aavid Thermal Technologies, Inc. based upon these terms and conditions of employment.

Date: 5-15-97

  
Employee's Signature

\_\_\_\_\_  
Witness

To be filled out by new employee the first day of employment and forwarded to the Manager of Loss Prevention.

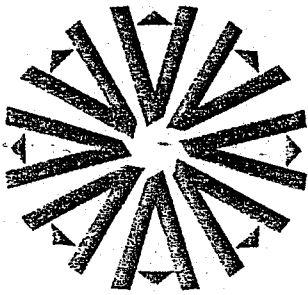
Employee Name: DEIDIAH MURPHY Date: 5-15-97

PLEASE PRINT

SUBJECT MATTER		EMPLOYEE INITIALS
1	Safe job operating procedures.	Jm
2	Potential department hazard conditions and safe operating procedures. EX.: lockout; tagout; hazcom	Jm
3	First-aid treatment: Where and to whom to report.	Jm
4	Reporting unsafe conditions and practices.	Jm
5	Report all accidents and near-accidents immediately.	Jm
6	Loss Prevention Committee: Its function and members.	Jm
7	Smoking Rules	Jm
8	How to report a fire. Location and proper use of fire extinguishers nearest employee's work area, nearest exit.	Jm
	Horseplay, throwing, kicking, practical jokes, shouting, running, jumping, short-cutting and distracting.	Jm
10	Personal protective equipment — Where and how to use it: eyes; feet; hearing; body.	Jm
11	Rules pertaining to working on and entering tanks.	Jm
12	Lifting truck safety: Proper operation; no riders; no unauthorized use.	Jm
13	Compressed air: Not to be used for cleaning clothing or body; use caution in the presence of others.	Jm
14	Proper lifting: Manual and mechanical.	Jm
15	Proper use of ladders.	Jm
16	Proper clothing — no loose clothing, rings, or sandals.	Jm
17	Housekeeping practices.	Jm
18	Suggestions for improving job or plant safety.	Jm
19	Eyewash location.	Jm

3/10/96RES

EMPCKLT.DOC



# AAVID<sup>TM</sup>

THERMAL TECHNOLOGIES, INC.

08/07/97

## OPERATOR/INSPECTOR CERTIFICATION FORM

OPERATOR/INSPECTOR: <i>Jim Murphy</i>		MACHINE/AREA: <i>Deburr</i>	TRAINER: <i>D. Houston</i>
<b>RECEIVING OF MATERIALS:</b> (1) Extrusion characteristics <input type="checkbox"/> (2) Quantity verification/counting <input type="checkbox"/> (3) Damage verification <input type="checkbox"/> (4) Purchase Order/Receiving Documentation verification <input type="checkbox"/> (5) Appropriate Chemical Deburring (i.e.,... burrs, caustic residue, hole deformation, discoloration, plugs are still in the blind holes) <input type="checkbox"/>		<b>CNC METHODS:</b> (1) Tooling <input type="checkbox"/> (2) Machine Setup <input type="checkbox"/> (3) Part Loading and Unloading <input type="checkbox"/> (4) Fixture Sequence <input type="checkbox"/> (5) Coolant Removal Practice <input type="checkbox"/> (6) SPC Requirements <input type="checkbox"/>	
<b>SAW METHODS:</b> (1) Machine Setup <input type="checkbox"/> (2) Saw Sharpness <input type="checkbox"/> (3) SPC Requirements <input type="checkbox"/> (4) Dimensional Characteristics <input type="checkbox"/> (5) <i>At Deburr Tables</i> Wheel Deburr Methods <input type="checkbox"/> <i>DEH</i>		<b>PAD MACHINE:</b> (1) Machine Setup <input type="checkbox"/> (2) Pad Application (i.e.,... pad adherence to the part surface, no bubbles, no scratches, appropriate heat, pad centered between 6.0 mm clip) <input type="checkbox"/>	
<b>APPROPRIATE STRAIGHTENING:</b> (1) Dial Indicator Methods <input type="checkbox"/> (2) Verify Dial Indicator Setting <input type="checkbox"/> (3) Part Straightness Requirements <input type="checkbox"/> (3) .112 ± .005 Print Requirements <input type="checkbox"/> (4) SPC Requirements <input type="checkbox"/>		<b>PACKAGING AND SHIPPING:</b> (1) Appropriate Part Cleanliness <input type="checkbox"/> (2) Part Identification <input type="checkbox"/> (3) Bar Code Label <input type="checkbox"/> (4) Part insertion into the box (i.e.,... bottom in the upwards position so as to view the .750 fin cut-out) <input type="checkbox"/>	
<b>COMMENTS:</b> <i>885-1665 Motorola</i>		<b>INSPECTION:</b> (1) Process verification <input type="checkbox"/> (2) W.O. completion <input type="checkbox"/> (3) Print requirements <input type="checkbox"/> (4) Verification of the SPC data <input type="checkbox"/> (5) Box Audit Report <input type="checkbox"/> (6) Quality Improvement Implementation Plan <input type="checkbox"/> (7) Complete knowledge of the part process <input type="checkbox"/>	
DATE / TIME: <i>8-8-97</i>			



# Form W-4 (1995)

## Want More Money In Your Paycheck?

If you expect to be able to take the earned income credit for 1995 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

**Purpose.** Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

**Exemption From Withholding.** Read line 7 of the certificate below to see if you can claim exempt status. If exempt, complete line 7; but do not complete lines 5 and 6. No Federal income tax will be withheld from your pay. Your exemption is good for 1 year only. It expires February 15, 1996.

**Note:** You cannot claim exemption from withholding if (1) your income exceeds \$650 and includes unearned income (e.g., interest

and dividends) and (2) another person can claim you as a dependent on their tax return.

**Basic Instructions.** Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

**Head of Household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

**Nonwage Income.** If you have a large amount of nonwage income, such as interest or dividends, you should consider making

estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

**Two Earners/Two Jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

**Check Your Withholding.** After your W-4 takes effect, you can use Pub. 919, Is My Withholding Correct for 1995?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. We recommend you get Pub. 919 especially if you used the Two Earner/Two Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). Call 1-800-829-3676 to order Pub. 919. Check your telephone directory for the IRS assistance number for further help.

## Personal Allowances Worksheet

A	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	A	<u>1</u>
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. . . . .	B	<u>    </u>
C	Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) . . . . .	C	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	D	<u>1</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household above) . . . . .	E	<u>1</u>
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit . . . . .	F	<u>0</u>
G	Add lines A through F and enter total here. Note: This amount may be different from the number of exemptions you claim on your return ▶	G	<u>3</u>

For accuracy, do all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job and your combined earnings from all jobs exceed \$30,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed \$50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ For Privacy Act and Paperwork Reduction Act Notice, see reverse.		OMB No. 1545-0010 <b>1995</b>
1 Type or print your first name and middle initial <u>JEDIDIAH</u>		Last name <u>MURPHY</u>		2 Your social security number <u>456 71 2610</u>
Home address (number and street or rural route) <u>6305 FM 429</u>		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		
City or town, state, and ZIP code <u>KAUFMAN</u>		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card . . . . . ▶		
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) . . . . .		5 <u>3</u>		
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ <u>    </u>		
7 I claim exemption from withholding for 1995 and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here . . . . . ▶		7 <u>1</u>		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's signature ▶ <u>Jim Murphy</u>		Date ▶ <u>5-15-97</u>		19 <u>9</u>
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)		10 Employer identification number

**Presbyterian  
Occupational  
Health  
Network**

214-524-4051

214-563-0573

*The health of your employees is our business.*

A Resource of Presbyterian Hospital of Greenville  
724-B East Moore Avenue, Terrell, Texas 75160

Fax 214-563-0947

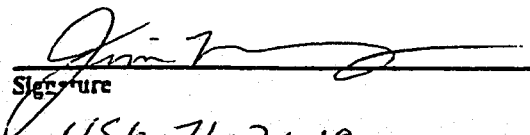
**CONSENT AND RELEASE FOR DRUG SCREENING**

The undersigned hereby authorizes Presbyterian Occupational Health Network to conduct through its designated physician, medical facility, or laboratory testing facility, a drug screening test.

I understand that a drug screening test will be administered to determine the presence of certain drugs and substances, such as illegal drugs, controlled substances, marijuana, mood or mind-altering substances, "look-alike" substances, designer and synthetic drugs, certain inhalants, and unauthorized prescription drugs.

I release and hold the designated physician, testing laboratory, and medical facility harmless for release of this information. I also release and hold harmless Presbyterian Occupational Health Network, its directors, officers, stockholders, and employees for the use of this information.

**STATE LAW: PICTURE IDENTIFICATION REQUIRED BEFORE ANY SCREENING TEST CAN BE PERFORMED.**

<u></u> Signature	<u>JERIDIAA I. MURPHY</u> Printed Name
<u>456-71-2610</u> Social Security Number	<u>09-01-75</u> Date of Birth
<u>6305 FM 429</u> Home Address	<u>972-962-7443</u> Day Time Phone #
<u>AAUID</u> Company Requesting Drug Screen	<u>5-15-97</u> Today's Date

**OPTIONAL: YOU MAY LIST ANY PRESCRIPTION AND OVER-THE COUNTER MEDICATION TAKEN WITHIN THE LAST MONTH.**

VICAPIN - ADUIL  
HYDROCODONE



Quest  
Diagnostics

4770 REGEN F BLVD.  
IRVING, TX 75063  
972-916-3260 / 800-824-6152

Presby-Occup Hill/Turrell  
3900 Joe Ramsey Blvd E  
Ste #8  
Terrell, TX 75401-7763

LAB NUMBER 98913098-6 REQ P0213463-7  
PATIENT MURPHY, JEDIDIAH I  
AGE 21Y DOB 09/01/75  
SEX M  
ID. OR ROOM NO.  
REPORT STATUS Final Report  
DATE REPORTED 05/16/97, 02:33 AM  
DATE/TIME COLL 05/15/97, 11:00 AM  
DATE RECEIVED 05/15/97, 09:22 AM  
ACCOUNT 15258  
REQ. PHYSICIAN NG  
FASTING NG

Result Name	In Range/Interp	Out of Range	Reference	Units	PK
-------------	-----------------	--------------	-----------	-------	----

456-71-2610 - VICADIN-ADVIL-HYDROCODONE

nd A300, M50, P75:

Amphetamines	NOT DETECTED		300 ng/mL		
Barbiturates	NOT DETECTED		200 ng/mL		
Benzodiazepines	NOT DETECTED		200 ng/mL		
Cocaine	NOT DETECTED		300 ng/mL		
Marijuana	NOT DETECTED		50 ng/mL		
Methadone	NOT DETECTED		300 ng/mL		
Methaqualone	NOT DETECTED		300 ng/mL		
Opiates	NOT DETECTED		300 ng/mL		
Phencyclidine	NOT DETECTED		75 ng/mL		
Propoxyphene	NOT DETECTED		300 ng/mL		
Integrity Check		15 L	SEE REMARK	mg/dL	

The "integrity check" result shown above is creatinine, a normal constituent of urine used to monitor dilution of the specimen. A value of 20 or greater is considered to be within normal limits, while a value less than 20 may be due to increased fluid intake, adulteration or substitution of the specimen, or a medical condition of the donor.

Interpretation of immunoassay results which may appear above -

"NOT DETECTED" indicates that the drug or drug family is not present at or above the cutoff level listed under "Reference."

"SEE CONFIRM" indicates that an additional analysis is required. Confirmation testing is in process.

We recommend that results be reviewed by a physician who has knowledge of substance abuse disorders and testing methods.

Tests Ordered: Ind A300, M50, P75

End of Report ( MURPHY, JEDIDIAH I - 98913098-6 )

Results of Urine Drug Screen reported to:

Company Representative: Linda B

Date: 5/16/97

Time: 1415

POHN Nurse making report: DM

PRESBYTERIAN HOSPITAL OF GREENVILLE  
3910 Wesley  
Greenville, TX 75401

Audio Testing for  
AAVID TECHNOLOGIES  
TERRELL  
Report Date: 05/15/97

---

SSN: 456712610 Sex: Male  
Badge:  
Name: MURPHY, JIM DOB: 09/01/75  
Company: AAVID TECHNOLOGIES  
Location: TERRELL  
Department: UNKNOWN  
Occupation:

---


	LEFT							RIGHT						
	500	1k	2k	3k	4k	6k	8k	500	1k	2k	3k	4k	6k	8k
05/15/97	15	10	5	0	5	15	5	10	15	5	5	5	15	10
Age adj	15	5	2	-4	0	7	5	10	10	2	1	0	7	10

The results of your hearing test showed that your hearing is within normal limits at all test frequencies (pitches).

This is your first test (baseline) in the program. Future hearing tests will be compared to this one to find any change in your hearing.

No otoscopic information was available.

It is important to have your hearing tested annually and to wear hearing protection on and off the job when exposed to loud noise.

  
Employee Signature  
\*Age correction used for STS calculations.

5-15-97  
Date

Threshold Shifts and Baseline Revisions Should be Confirmed by an Audiologist, Otolaryngologist, or Other Physician.

# Presbyterian Occupational Health Network

## HEARING TEST QUESTIONNAIRE

Name: MURPHY JIM I Date: 5-15-97  
 Last First ML

Date of Birth: 09-01-75 Height: 5-11 Weight: 145

Sex: M Race W Social Security No. 456-71-2610

Company: AAVUD Dept. N/A

Job Title: N/A Shift: 3RD Hire Date: 6-75

### AUDITORY HISTORY:

Y or N

Do you wear any type of hearing protection (ear plugs, etc.)?	<u>Y</u>
Anyone in your family have hearing loss before age 50?	<u>N</u>
Do you have difficulty hearing?	<u>N</u>
Do you wear a hearing aid?	<u>N</u>
Do you have ringing in your ears?	<u>N</u>
Do you have frequent or severe dizziness?	<u>N</u>
Have you had a cold or flu within the last two weeks?	<u>N</u>
Do you have frequent allergy problems?	<u>N</u>
Have you ever had any of the following (please circle those that apply):	<u>N</u>
measles?	
scarlet fever?	
diabetes?	
mumps?	
meningitis?	
high blood pressure?	<u>Y</u>
Have you taken any medication or antibiotics in the last month?	<u>Y</u>
Do you or have you had a recent ear infection?	<u>N</u>
Do you or have you had any recent ear drainage?	<u>N</u>
Do you or have you had a recent earache?	<u>N</u>
Are you under a physician's care for ear problems?	<u>N</u>
Have you ever had ear surgery?	<u>N</u>
Have you ever been exposed to any loud explosion?	<u>Y</u>
Have you ever had a head injury causing unconsciousness?	<u>Y</u>
Have you ever shot firearms - sport or military?	<u>Y</u>
Do you listen to loud music or play in a band?	<u>Y</u>
Do you have any noisy hobbies (motorcycles, power tools)?	<u>Y</u>
Have you ever operated power driven farm equipment?	<u>Y</u>
Have you ever operated construction equipment?	<u>Y</u>
Have you worked at a noisy job prior to your current one?	<u>Y</u>
Do you have a second job that is noisy?	<u>N</u>

Comments: I'M AN OPERATOR  
OF A BACKHOE

Signature: Jim Murphy

Reviewed by: Charles Nguyen Leach

(R) EXCESSIVE  
WAX

(U) WNI



## EMPLOYEE ENROLLMENT FORM

☐ OPEN ENROLLMENT  
☒ NEW HIRE  
☐ COBRA  
☐ OTHER

PLEASE PRINT OR TYPE. Fill out all that applies. Use another form if more space is needed.

### SECTION 1: COMPLETE ALL THAT APPLIES TO THE EMPLOYEE.

NAME OF EMPLOYER / PLAN SPONSOR <b>AAVID THERMAL TECHNOLOGIES, INC.</b>		MEDICAL EFFECTIVE DATE		GROUP/PLAN NUMBER <b>ASO-26566-7</b>	
EMPLOYEE NAME (Last First, Middle Initial) <b>MURPHY, JEDIDIAH I.</b>	GENDER <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	DATE OF BIRTH <b>9/10/75</b>	SOC. SECURITY # <b>456-71-2610</b>		TELEPHONE HOME (972) <b>962-7443</b> WORK (972) <b>563-2841</b>
JOB TITLE OR OCCUPATION <b>Press</b>	MARITAL STATUS <input checked="" type="radio"/> MARRIED <input type="radio"/> SINGLE	EMPLOYMENT STATUS <input type="radio"/> RETIRED <input type="radio"/> COBRA (See Section 6) <input checked="" type="radio"/> ACTIVE FULL-TIME <input type="radio"/> ACTIVE PART-TIME		DATE OF HIRE <b>5.15.97</b>	
EMPLOYEE ADDRESS (Street Address, City, State, Zip Code) <b>727 E. N. Commerce W. 115 Point, TX. 75169</b>					

### SECTION 2: COMPLETE FOR COVERED SPOUSE AND EACH COVERED DEPENDENT

SPOUSE / DEPENDENT NAME (Last, First, Middle Initial)	RELATIONSHIP TO EMPLOYEE	GENDER (F or M)	DATE OF BIRTH	SOC. SECURITY #	MARITAL STATUS	EMPLOYED? (Y OR N)	STUDENT? (Y OR N)

### SECTION 3: NWNL COVERAGE SELECTION (CHECK ALL THAT APPLY)

MEDICAL	<input type="radio"/> 1 PERSON <input type="radio"/> 2 PERSON	<input type="radio"/> FAMILY	<input type="radio"/> DECLINE COVERAGE
BASIC LIFE/AD&D/STD		<input type="radio"/> EFFECTIVE DATE	

### SECTION 4: COMPLETE IF ANY COVERED PERSON HAS COVERAGE WITH ANOTHER INSURANCE CARRIER / HEALTH PLAN PROVIDER

EMPLOYEE/SPOUSE/DEPENDENT NAME (Last, First, Middle Initial)	NAME and ADDRESS of OTHER INSURANCE CARRIER/ HEALTH PLAN PROVIDER	POLICY/PLAN NUMBER	EFFECTIVE DATE	OTHER COVERAGE TYPE
<b>N/A</b>				<input type="radio"/> MEDICAL <input type="radio"/> SINGLE <input type="radio"/> FAMILY
				<input type="radio"/> MEDICAL <input type="radio"/> SINGLE <input type="radio"/> FAMILY

### SECTION 5: COMPLETE IF LIFE / AD&D COVERAGE WAS SELECTED

GL-24205-5

BENEFICIARY NAME** (If person, enter: Last, First, Middle Initial)	BENEFICIARY ADDRESS (Street Address, City, State, Zip Code)	PERCENT OF BENEFIT (MUST add up to 100%)	RELATIONSHIP TO EMPLOYEE

### SECTION 6: COMPLETE ONLY IF APPLYING FOR COBRA CONTINUATION

QUALIFYING EVENT**	EVENT EFFECTIVE DATE <b>/ /</b>	If other coverage, length of pre- existing clause in other coverage:	Were you disabled under the terms of the Social Security Act at the time of your termination of employment or reduction in hours? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOT APPLICABLE
--------------------	---------------------------------------	--	---

Case 3:19-cv-00163-N Document 12-1 Filed 05/01/20 Page 2 of 548 Page ID 8790

To the best of my knowledge and belief, the above information is true and correct. I understand that false or inaccurate information may result in the termination of coverage or the non-payment of benefits. I have also read and understand the authorization printed above and consent to its terms.

PLEASE READ THE ABOVE RELEASE SECTION AND THEN SIGN → *Jordan Murphy* 616197

**OR EMPLOYER / PLAN SPONSOR USE ONLY**

EMPLOYMENT DATA IS ACCURATE: O YES O NO	SIGNATURE	DATE SIGNED / /	COVERAGE EFFECTIVE DATE / /	COBRA PAID-TO-DATE / /
--	-----------	--------------------	--------------------------------	---------------------------

**\*\* INSTRUCTIONS FOR \*\* FIELDS ON THE FRONT OF THIS FORM (Fields are listed alphabetically, by name)**

**BENEFICIARY NAME:** Enter the name of a person, "My Estate" or the name of an organization. You can enter combinations (e.g., one beneficiary line may be a person's name, while a second beneficiary line may be an organization and a third beneficiary line be for "My Estate").

**COBRA QUALIFYING EVENT:** Enter one of the following: Employment Termination, Divorce, Legal Separation, Loss of dependent status, Medicare Entitlement, Death of employee, Reduction in hours.

**EMPLOYED:** Enter "Yes" if spouse or a dependent is employed (full-time or part-time). All else, leave blank.

**MARITAL STATUS:** Enter one of the following: Single, Married, Divorce, Widowed, Legally Separated.

**STUDENT:** Enter "Yes" if dependent is 19 years or older and a full-time student. All else, leave blank.



## VOLUNTARY DENTAL ENROLLMENT / CHANGE FORM

PLEASE PRINT. Providing complete information is necessary for the timely and accurate payment of claims. Eligibility for coverage and payment benefits are subject to the terms of the benefit contract.

AAVID THERMAL TECHNOLOGIES, INC.

GH - 28991-1

☐ Open Enrollment ☒ New Hire ☐ Termination ☐ Add Dependent ☐ Delete Dependent ☐ Other \_\_\_\_\_

Employee Name (last name, first, middle initial) MURPHY, Teddiah I	Social Security Number 456-71-2610	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Date of Birth 9-1-75
Employee Address (street, city, state, zip code) 727 E. N. Commerce #4 Willis Point, TX. 75169			Telephone Number 972-962-7443

Complete this section to select the coverage you want for yourself and eligible family members.

1. ☒ Employee only2. ☐ Employee + Family

## Complete for Dependent Coverage

Add	Drop	Name	Social Security Number	Birthdate	Sex	Relationship
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

I authorize my employer to deduct from my wages the premium for the above coverages. To the best of my knowledge and belief, the information that I have provided on this form is correct. I understand my coverage begins on the effective date assigned by Northwestern National Life provided I am actively at work.

PLEASE READ AND SIGN

Employee's Signature  
X Date Signed  
6-6-97

## For employer/plan sponsor use only

Group/Plan Number GH 28991-1	Claim Acct#	Location # / Division #	Dental Effective Date or Change Date
Date of Hire	Signature		Date Signed

**AAVID ENGINEERING, INC.**  
**STATEMENT OF EMPLOYEE OBLIGATIONS**

I, an employee of Aavid Engineering, Inc. ("AEI") I expressly acknowledge that I have the following obligations to AEI, to my supervisors, to my fellow employees, and to our valued customers and vendors:

1. -- Safety. I have reviewed the safety requirements set forth in the Aavid Engineering Employee Handbook and other written materials which have been furnished to me or made available to me; and have participated in various sessions explaining safety concerns, procedures, practices and reporting requirements applicable to me as an AEI employee. I hereby acknowledge that it is my responsibility to act in line with all safety requirements applicable at any time during my employment. I also understand that I have an affirmative obligation, as an AEI employee, to report any and all safety concerns to my immediate supervisor.

2. -- Hazardous Materials. I am aware that various types of materials which are classified by federal and state governmental authorities as "hazardous materials", with varying levels of potential danger for me and to my fellow employees (if misused, mismanaged, etc.), are used by AEI in conducting its business. I have participated in various training and update sessions explaining the hazardous materials concerns, procedures, practices and reporting requirements applicable to me as an AEI employee. I am aware that throughout the plant, various materials are placed with pertinent information regarding hazardous materials and I agree to familiarize myself with these materials and the nearest location from my place of work. I hereby acknowledge that it is my responsibility to act in line with all hazardous materials requirements applicable at any time during my employment.

3. -- Confidentiality. I am aware that a broad variety of information, in various forms, is maintained, used and available at AEI. With regard to AEI, this includes, but is not limited to, the identity of personnel and their duties, the type and description of various properties, manufacturing processes, trade secrets, financial information, sales information, quoting information, computer systems and data bases, and all other information pertinent to AEI's business. In addition, this includes any and all information, in various forms, from actual and potential customers, which is disclosed to AEI in the normal course of business, including, but not limited to, drawings, specifications, requirements, target prices, customer personnel or operating procedures, customer manufacturing processes, and all other information pertinent to a customer's business. I hereby acknowledge that it is my responsibility to act appropriately to protect any and all information, of AEI and of its customers, with the highest degree of confidentiality and loyalty, and, specifically, to maintain customer information confidential to the same extent as described in any individual non-disclosure agreement to which AEI is now or may in the future become a party.

4. -- Compliance with Employment Practices. I have reviewed the broad range of employment practices described in the Aavid Engineering Employee Handbook and as set forth in other written materials and oral briefing sessions in which I have participated. I hereby acknowledge that it is my responsibility to comply with all such employment practices applicable at any time during my employment.

*No handbook given.*  
 I understand and hereby acknowledge my responsibilities, as set forth above, as of this 15 day of MAY, 1997.

Jim Murphy  
 Employee

Name: \_\_\_\_\_

If the Employee has not completed any training required and/or referred to in Sections 1 or 2 above, set forth the exceptions here, including anticipated date of completion:

# Personnel Change Notice

☒ Employment

☐ Termination

☐ Change

**Effective Date** \_\_\_\_\_

Name (Last, First, Middle) <i>Murphy Jedidiah Isaac</i>			Soc. Sec. No. <i>456-71-2610</i>	ID./Sales	Date Prepared
Address (Street) <i>6305 FM 429 Kaufman, Tx</i>		(City) <i>Kaufman, Tx</i>	(State) <i>Tx</i>	(Zip Code) <i>75142</i>	Phone No. <i>962-7443</i>

<b>Employment</b>						
<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Re-Instate <input type="checkbox"/> Replacement For: <input type="checkbox"/> Re-Hire <input type="checkbox"/> Addition						
Birth Date <i>9-1-75</i>	Sex <i>M</i>	Marital Status <i>Married</i>	Employee Status	Job Class	Expense Class	Shift

<b>Termination</b> (Give Reasons in Remarks)		Last Day Worked	Pay Up To & Including	Re-Hire
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary				<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Date	Vacation Accrued	Severance Pay	Other	

<b>Change</b>		Leave of Absence		Period of Absence	
<input type="checkbox"/> Promotion <input type="checkbox"/> Rate/Salary Change <input type="checkbox"/> Transfer		<input type="checkbox"/> Military <input type="checkbox"/> Sick Leave <input type="checkbox"/> Layoff <input type="checkbox"/> Maternity <input type="checkbox"/> Vacation <input type="checkbox"/> Personal		From _____ Thru _____	
Employment Date		New Address/Phone No.			

Status	Job Title	Department	Shift	Location	Rate/Sala
New				<i>Tx</i>	
Present					

**Remarks**

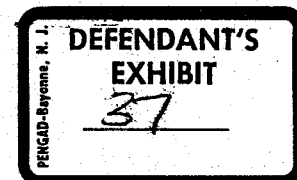
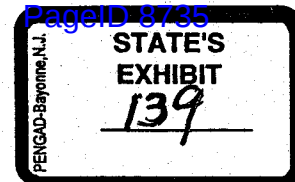
<b>Approval</b>		Approved By	Date
Initiated By	Date	Approved By	Date

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State's Exhibit Number 139

Dr. Peek Vita

(Copy attached)



# VITA

## LEON ASHLEY PEEK, PH.D.

May 2000

### BIOGRAPHICAL DATA

Offices: 207 West Hickory Street, Suite 310, Denton, Texas 75201  
940/382-1957, Fax 940/591-0644

Dispute Resolution Graduate Program  
Southern Methodist University  
SMU-in-Legacy, 5236 Tennyson Parkway, Plano, Texas 75024-3541  
972/473-3435

Born: DeLand, Florida - March 31, 1945

Social Security Number: 229-58-9038

### EDUCATION

B.S.	Psychology	Virginia Commonwealth University 1970
M.S.	Clinical Psychology	Virginia Commonwealth University 1973
Ph.D.	Psychology	Virginia Commonwealth University 1976

### PROFESSIONAL EXPERIENCE

Licensed to practice psychology in Texas 1976 to present.

1970-73 Virginia Commonwealth University:  
Graduate Teaching and Research Assistant

1973-74 Medical College of Virginia:  
Fellow and Research Associate, Supportive Therapy Group  
Department of Medicine

- 1974-91 University of North Texas:  
Assistant Professor of Psychology (1974-80)  
Tenured 1980  
Associate Professor of Psychology (1980-91)  
Teaching areas: Child and adult assessment, statistics  
Director, Behavioral Medicine Program
- 1977- Private consulting practice of psychology:  
Families and children  
Forensic consulting: primarily family law  
Dispute resolution psychology  
Rehabilitation and Neuropsychology  
Jury research and consultation
- 1982- McCarron-Dial Systems, Dallas, Texas:  
Consultant and trainer for work evaluation and  
neuropsychology workshops for adults and children,  
develop neuropsychological and rehabilitation tests
- 1985-87 North Texas Back Institute, Plano, Texas:  
Director of Behavioral Medicine Psychology
- 1985-93 Wilmington Institute of Trial and Settlement Science:  
Director of Research, Product and services development  
Consultant
- 1987- Baylor College of Dentistry:  
Lecturer in Behavioral Medicine Psychology
- 1999- Southern Methodist University  
Lecturer, Dispute Resolution

## PROFESSIONAL AFFILIATIONS

Psi Chi Honorary Fraternity  
American Psychological Association  
American Psychological Society, Charter Member  
Fellow, American Board of Medical Psychotherapy  
Fellow, American Board of Forensic Examiners (Psychology)  
Diplomate, American Board of Medical Examiners (Neuropsychology)  
Southwestern Psychological Society  
Texas Psychological Association  
North Texas Psychotherapy Association; President 1989  
Selwyn School, Board of Directors, Pre-K - 12, 1979-1990.

## WORKSHOPS GIVEN AND PRESENTATIONS MADE

Life history antecedents in drug users. Southeastern Psychological Association, 1973.

Expectancy, false physiological feedback and desensitization in the treatment of social anxiety. Southwestern Psychological Association, 1977.

Approaches to learning disabilities: an invited address. Las Conferencias sobre Problemas de Aprendizaje, DIF, Jalisco, Mexico, 1978.

Ecological and behavioral medicine conference, Dallas, Texas, 1979.

Work evaluation assessment: Adults and at-risk children. A workshop presented to: Goodwill Industries, Inc., Milwaukee WI, 1984. East Central Oklahoma University, Tulsa OK, 1984. Association for Retarded Citizens, Peoria IL, 1984. Hope Haven School, Rock Valley IW, 1984.

Treatment of dysmenorrhea: A workshop. Society of Behavioral Medicine, 1984.

Behavioral Medicine Training at North Texas State University. Society of Behavioral Medicine, 1984.

Rehabilitation evaluation. A workshop concerning the neuropsychological assessment of retarded and demented adults and children presented to the Department of Occupational Therapy, University of Miami, Miami, Florida, 1985; to Association for Retarded Citizens, Staten Island, New York, 1986; to Texas Back Institute, Plano, Texas, 1986; to Thresholds, Chicago, Illinois, 1987; Williamston, N.C., School District, 1987; Region V Educational Services Center, Paris, Texas 1988.



Neuropsychological Test Administration. A workshop presented to the Northeast Independent School District, San Antonio, Texas, 1987.

Psychology of Dispute Resolution. Symposium at the Annual Convention of the Texas Psychological Association, San Antonio, Texas, 1987.

Alternate Dispute Resolution. Symposium at the Annual Convention of the Texas Psychological Association, Austin, Texas, 1988.

Trial Science. Young Lawyers Association Continuing Legal Education Series, San Antonio, Texas 1990.

Jury Selection. State Bar of Texas Continuing Legal Education Series, Midland, Texas, 1990.

Parenting the Difficult Child. Green Oaks Hospital, Dallas, Texas 1990. Denton Regional Medical Center, Denton, Texas, 1991.

Psychology in the next century. A workshop presented at the annual convention of the Texas Psychological Association, November, 1991.

Psychology of death. Campus Ministry of Denton, University of North Texas, 1991.

Stress management. Church Secretaries Association convention, October, 1991.

Child development in mediation. Dallas/Fort Worth Law School, January, 1992.

What is best for the child in divorce. Dallas/Fort Worth Law School, January, 1992.

Trial and settlement psychology. Texas Psychological Association, Dallas TX, 1992.

Limiting exposure to large jury verdicts and punitive damages. Chubb Insurance Companies continuing education, 1993.

Interviewing the client. Greater Denton Legal Assistants Association, Denton TX, 1993.

How to tell the truth effectively. Presentation to the Advanced Litigation Support Seminar. Kenneth Leventhal & Company. April, 1993.

Stress and Grief. Presentation to the Compassionate Friends, Denton, Texas 4/28/94.

**Falling through the Cracks: Child Abuse.** Presentation at Charter Grapevine Behavioral Health, November, 1994.

**Assessing the Assessor: Child Abuse Interviewing.** Presentation at Charter Grapevine Behavioral Health, January, 1995.

**Juvenile Sex Offender.** Presentation to East Texas State University, Commerce, Texas, August 3, 1995.

**Child Custody Assessment: A Comparison of Four Empirical Approaches.** Presentation to the Convention of the American Psychological Association, New York, August 8, 1995.

**Sexual Violations Training Seminar.** Health Professions Council, State of Texas, Austin, Texas, 3 March 1996.

**Psychological factors.** Texas State Convention, Huntington's Disease Society of America, Arlington, TX, May 1996.

**Masters on Jury Selection, Invited participation.** American Board of Trial Advocates, Dallas, Texas, August 1999.

**Avoiding a lawsuit: How to practice legally and safely, Invited presentation.** Denton Area Psychotherapists' Association, October, 1999.

**Focus Group Outlines. Psychology of Juries and Witnesses seminar,** Wilmington Institute, Dallas, Texas, March 2000.

## **PUBLICATIONS**

***Custody Quotient: Research Edition.*** A psychological assessment instrument for evaluation of child custody decisions. Dallas, TX: Wilmington Institute, 1987. ***Manual for the Custody Quotient: Research Edition.*** Dallas, TX: Wilmington Institute, 1987. (with Gordon, R.)

***Mental Health Check-Up - Adult,*** 2nd ed. A psychological assessment instrument. Dallas, TX: Wilmington Institute, 1987. (with Gordon, R.)

***Mental Health Check-Up - Child,*** 2nd ed. A psychological assessment instrument. Dallas, TX: Wilmington Institute, 1987. (with Gordon, R.)

- Custody Quotient: National Research Edition*. A revision of the 1987 edition extended to reflect the family law in the 50 USA states. Dallas, TX: Wilmington Institute, 1988.
- Manual for the Custody Quotient: National Research Edition*. Dallas, TX: Wilmington Institute, 1988. (with Gordon, R.)
- Custody Quotient Manual*, 1989 Edition. Dallas, TX: Wilmington Institute, 1989 (with Gordon, R.).
- SSSQ Reports (An article in a book). *Street Survival Skills Questionnaire Manual*. Dallas: Common Market Press, 1983.
- SSSQ Computer Report* (A report generating computer program for the Street Survival Skills Questionnaire). Dallas: McCarron-Dial Systems, 1983. (With Dial, J., & McCarron, L.)
- Insomnia in Cancer Patients: Muscle relaxation treatment. *Journal of Behavioral Therapy and Experimental Psychiatry*, 1983, 14 (#3, September). (with Cannicci, J.)
- Testing the null hypothesis: An unstatement. *Multivariate Experimental Clinical Research*, 1979, 4, 133-7. (with Lawlis, G.F.)
- Automobile Safety in Children*. Austin TX: American Academy of Pediatrics, Texas Chapter, 1979. (with Toledo, J.R., Butler, J.R., & Burke, A.)
- Motor vehicle related child deaths: A plea for action. *Resources in Education*, 1978, 10. (with Toledo, J.R., Butler, J.R., & Faherty, J.K.)
- A Possible Etiology for Hyperactivity*, a videotape film. Denton TX: North Texas State University, 1978. (with O'Banion, D.R., & Butler, J.R.)
- Delta-9-tetrahydrocannabinol as an effective anti-depressant and appetite stimulating agent in advanced cancer patients. *Proceedings of the International Conference on the Pharmacology of Cannabis*. Washington DC: National Institute on Drug Abuse, 1974. (with Regelson, W., Butler, J.R., Schulz, J., Kirk, T.A., Green, M.L., & Zalis, M.O.) Reprinted in *The Pharmacology of Marijuana*, Brande, M.C., and Szara, S., eds. New York: Raven Press, 1976.
- Mental Health Check-Up Report*, a computer scoring and report generating program, version 0.1. Dallas, TX: Wilmington Institute, 1989.
- Prison factor profile and related scales. *Proceedings of the American Correctional Association*. Washington DC: American Correctional Association, 1974.

*Trial Science Poll.* Dallas: Wilmington Institute, 1984-1987.

*Individual Trait Analysis Program.* Dallas: McCarron-Dial Systems, 1985.

*PMT Report Program.* Dallas: McCarron-Dial Systems, 1993.

Forensic Psychology at the Turn of the Century. *Forensic Psychology for the Journeyman Clinician.* Austin, TX.: Texas Psychological Foundation, 1991.

Advances in Child Custody and Child Abuse Evaluations. *Families and Children Reporter*, 1994 (March), Whole Number 1.

New: Custody Evaluation Guidelines of the American Psychological Association. *Families and Children Reporter*, 1994 (July), Whole Number 3.

## RESEARCH GRANTS

Children's traffic safety. Office of Traffic Safety, Texas Department of Highways and Public Transportation, 1977, \$94,000. (Co-investigator)

Infant restraint evaluation. Office of Traffic Safety, Texas Department of Highways and Public Transportation, 1978, \$69,000. (Co-investigator)

Infant restraint training workshops. Office of Traffic Safety, Texas Department of Highways and Public Transportation, 1979, \$54,000. (Co-investigator)

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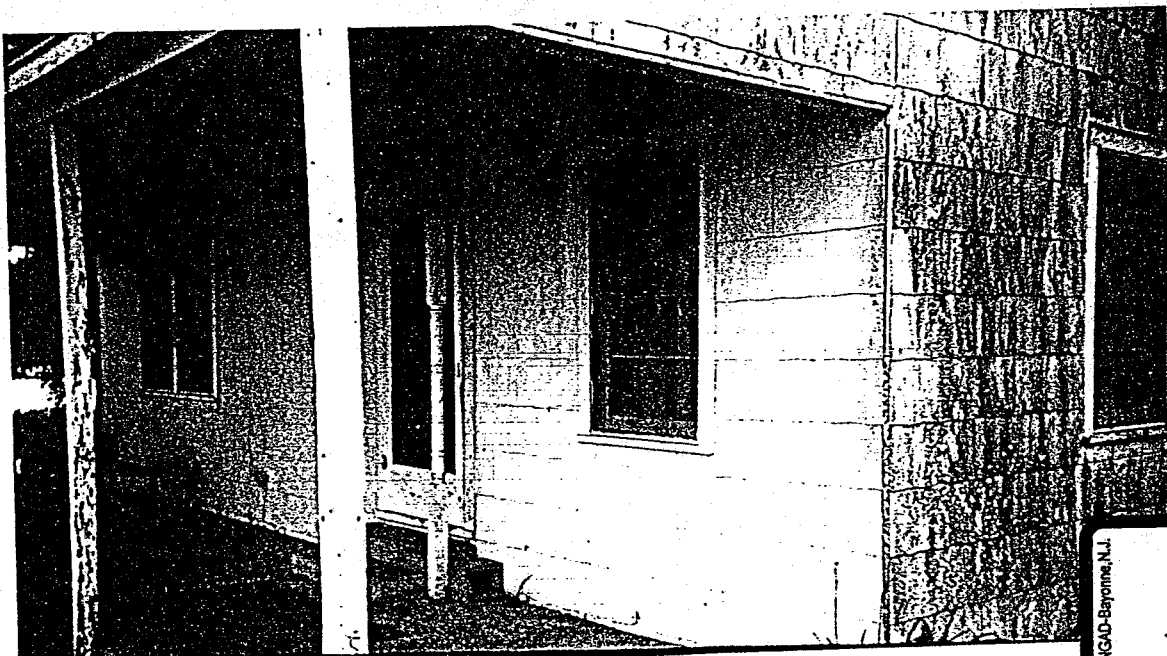
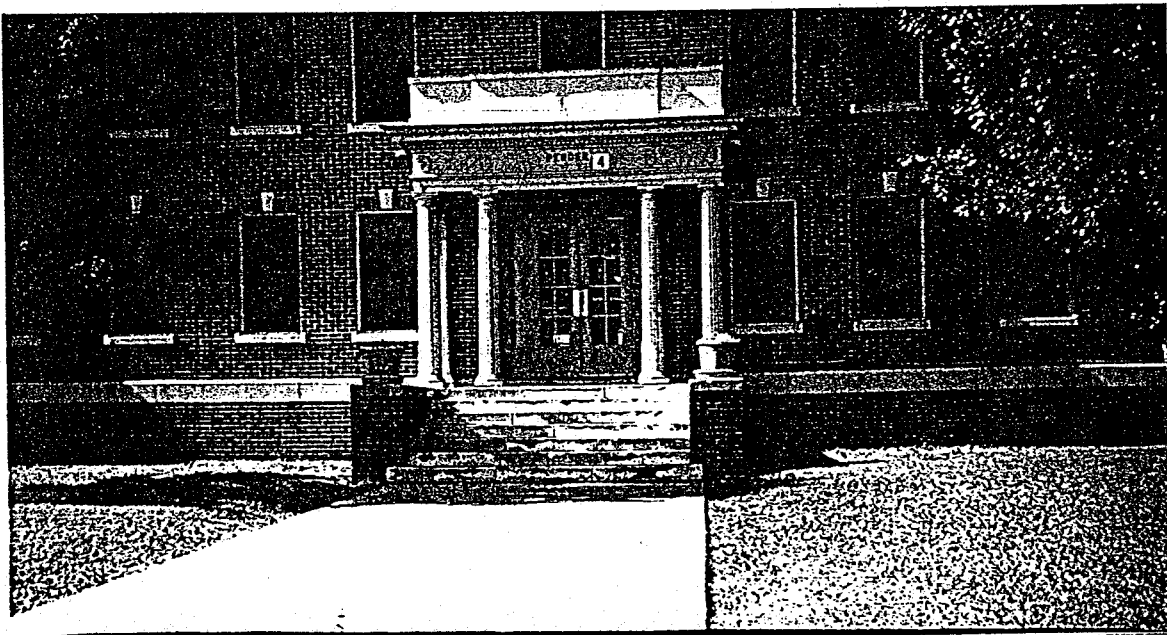
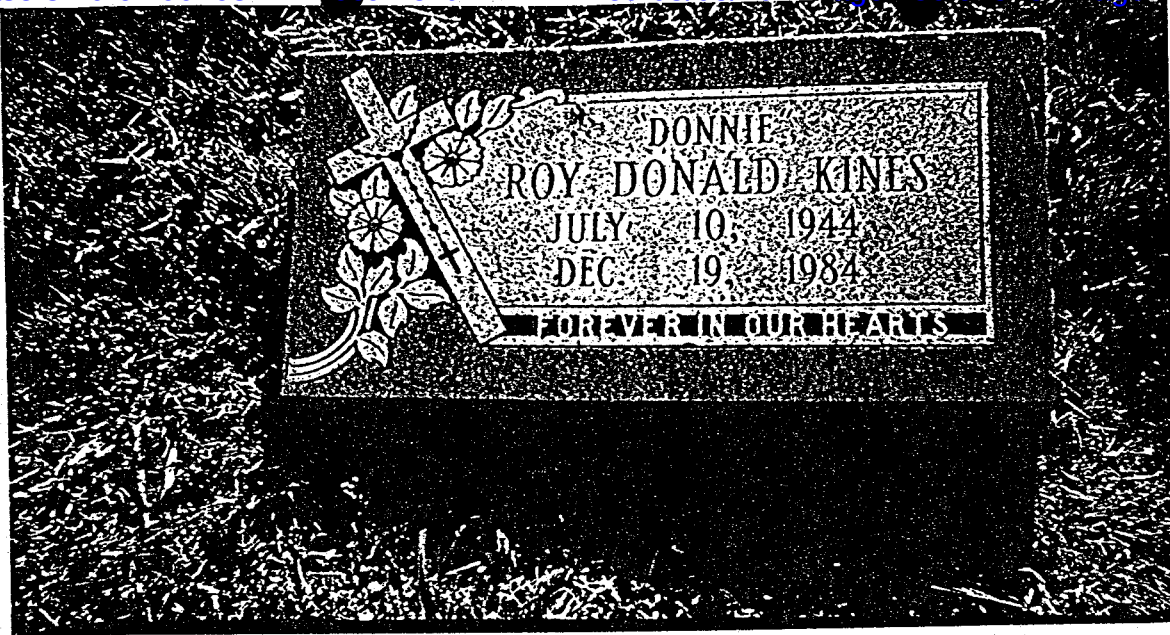
State's Exhibit Number 141

Wilhelm Composite

(Copy attached)







STATE'S  
EXHIBIT

143

NGAD-Bayonne, N.J.



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State's Exhibit Number 144  
Mitigation Photographs  
(Copy attached)







Reporter's Certificate

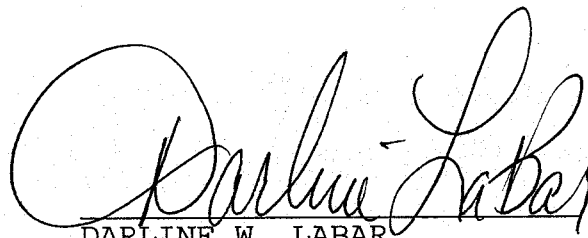
STATE OF TEXAS:

COUNTY OF DALLAS:

I, Darline W. LaBar, Official Court Reporter of the 194th Judicial District Court, in and for Dallas County, Texas do hereby certify that the foregoing volume constitutes a true, complete and correct transcript of all portions of evidence and other proceedings requested in writing by counsel for the parties to be included in the statement of facts, in the above styled and numbered cause, all of which occurred in open court or in chambers and were reported by me.

I further certify that this transcription of the record of the proceedings truly and correctly reflects the exhibits, if any, offered by the respective parties.

Witness my hand this the 27th day of November, A.D., 2001.



DARLINE W. LABAR  
Official Court Reporter  
194th Judicial District Court  
Dallas County, Texas  
(214) 653-5803

Certification No. 1064 Expires December 31, 2002



REPORTER'S RECORD

VOLUME 63 OF 65 VOLUMES

TRIAL COURT CAUSE NO. F00-02424-NM

THE STATE OF TEXAS : IN THE DISTRICT COURT  
VS. : DALLAS COUNTY, TEXAS  
JEDIDIAH ISAAC MURPHY : 194TH JUDICIAL DISTRICT

\*\*\*\*\*

EXHIBIT VOLUME

\*\*\*\*\*

FILED IN  
COURT OF CRIMINAL APPEALS

DEC 5 2001

Troy C. Bennett, Jr., Clerk

A P P E A R A N C E S:

HONORABLE BILL HILL, Criminal District Attorney  
Crowley Criminal Courts Building  
Dallas, Dallas County, Texas 75207  
Phone: 214-653-3600

BY: MR. GREG DAVIS, A.D.A., SBOT # 05493550  
MS. MARY MILLER, A.D.A., SBOT # 21453200  
FOR THE STATE OF TEXAS;

MS. JANE LITTLE, Attorney at Law, SBOT # 12424210  
MR. MICHAEL BYCK, Attorney at Law, SBOT # 03549500  
MS. JENNIFER BALIDO, Attorney at Law, SBOT # 10474880  
Dallas County Public Defender's Office  
Phone: 214-653-9400  
FOR THE DEFENDANT.

\*\*\*\*\*

On the 26th day of February, through the 30th day of  
June, 2001, the following proceedings came on to be heard in  
the above-entitled and numbered cause before the Honorable F.  
Harold Entz, Jr., Judge presiding, held in Dallas, Dallas  
County, Texas: Proceedings reported by machine shorthand,  
computer assisted transcription.

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State's Exhibit Number 145  
Glen Oaks Hospital Records  
(Copy attached)



F00-02424-M

THE STATE OF TEXAS

V.

JEDIDIAH ISAAC MURPHY

§  
§  
§  
§  
§  
§

IN THE 194<sup>TH</sup> JUDICIAL

DISTRICT COURT OF

DALLAS COUNTY, TEXAS

**AFFIDAVIT**

STATE OF TEXAS

COUNTY OF

Hunt

§  
§  
§

BEFORE ME, the undersigned authority, on this day personally appeared Susan McKinney, who being by me duly sworn, deposed as follows:

"My name is Susan McKinney, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of Glen Oaks Hospital. Attached hereto are 303 pages of records from Glen Oaks Hospital. These said 303 pages of records are kept by Glen Oaks Hospital in the regular course of business, and it was the regular course of business of Glen Oaks Hospital for an employee or representative of Glen Oaks Hospital with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original."

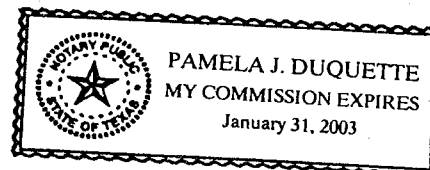
Susan McKinney  
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME this 17 day of November, 2000, to  
certify which witness my hand and seal of office.

Pamela J. Duquette  
Notary Public in and for  
Hunt County, Texas

My Commission Expires:

1-31-2003



**Glen Oaks Hospital**301 East Division, Greenville, Texas 75402  
(903) 454-6000 or (800) 443-1109MED. REC. NO.  
7272

PT NO		2482115		PATIENT NAME		MURPHY, JEDIDIAH I	
ADDRESS		6305 FM 429		CITY		KAUFMAN	
STATE		TX		ZIP		75142-	
PHONE		972-962-7443		EXT.			
SOCIAL SECURITY NO.		456-71-2610		COUNTY		129	
AGE	DOB	SEX	RACE	MS	PREVIOUS NAME	RELIGION	N/S
23	09/01/1975	F	1	X	N/A	OTH	AB
ADM DATE	TIME	SRC	PT TYPE	PRI	ACCIDENT INFO	VOLUNTARY ADM	ORGAN DNR
08/24/99	16:45	RB	J	R		Y	
PT EMPLOYER		NONE		TELEPHONE		EXT	
EMPLOYER ADDRESS				OCCUPATION		OPERATOR	
CITY				STATE		ZIP	
NEAREST RELATIVE NAME		WILLIS, CHELSEA L		PH:		-	
RLTN	ADDRESS	727 E. NORT COMMERCE		CITY		WILLS POINT	
Z				STATE		TX	
EMERGENCY CONTACT NAME		ABBOTT, HOPE I		PH:		-	
RLTN	ADDRESS	6305 FM 429		CITY		KAUFMAN	
N				STATE		TX	
GUARANTOR NAME		MURPHY, JEDIDIAH I		SOCIAL SECURITY NUMBER		456-71-2610	
ADDRESS		6305 FM 429		PHONE		972-962-7443	
CITY		KAUFMAN		STATE		TX	
GUARANTOR EMPLOYER		NONE		OCCUPATION		OPERATOR	
ADDRESS				CITY		KAUFMAN	
CITY				STATE		TX	
INSURANCE NAME 1		MAGELLAN - NSTAR		CODE POLICY #		G26A1103713	
INSURANCE NAME 2				CODE POLICY #			
INSURANCE NAME 3				CODE POLICY #			
ATTENDING PHYSICIAN		ESTABROOK, WILLIAM		ATTENDING #		001115	
ADM DIAGNOSIS		PSYCHOSIS NOS		MED SVC		PSY	
ADMITTING PHYSICIAN		ESTABROOK, WILLIAM		ADMITTING #		001115	
PROCEDURE				CLINICAL COMMENT		MODE OF ARRIVAL/ACCOMPANIED BY	
REL OF INFO		ADV DIR		LIVING WILL		LOCATION OF WILL/DIRECTIVE	
N		N		N/A		FAMILY DOCTOR	
ON CALL		ER DR		FC		H	

FINAL DIAGNOSES (FIRST DIAGNOSIS PRINCIPAL UNLESS NOTED)

CODE

MDD single severe  
Dissociative Identity D/c  
Alcohol Dep.

296.23  
300.14  
303.9C

PRECERT INFORMATION

REFERRAL INFORMATION

1.

GLEN OAKS HOSPITAL

Copied by

Date Sent

PROCEDURES

"This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) Prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

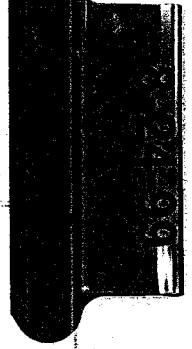
CONSULTING PHYSICIANS / PRIMARY CARE

DRG

LOS

TRANS TO:	ACUTE	SNF	REHAB	HOSPICE	HOME HEALTH	HOME IV	AGAINST MED ADV	HOME
TIME	23:10	OTHER						
TIME		<48HRS	>48HRS	CORONER	AUTOPSY	YES	NO	

William Estabrook MD  
ATTENDING PHYSICIAN SIGNATURE & DATE



**Glen Oaks Hospital**301 East Division, Greenville, Texas 75402  
(903) 454-6000 or (800) 443-1109MED. REC. NO.  
7272

PT NO 2482115		PATIENT NAME MURPHY, JEDIDIAH I	
ADDRESS 6305 FM 429		COUNTY 129	
CITY KAUFMAN	STATE TX	ZIP 75142-	PHONE 972-962-7443
AGE 23	DOB 09/01/1975	SEX F	RACE 1
MS X	PREVIOUS NAME N/A	RELIGION OTH	SOCIAL SECURITY NO. 456-71-2610
ADM DATE 08/24/99	TIME 16:45	SRC RB	PT TYPE J
PRI R	ACCIDENT INFO Z	VOLUNTARY ADM Y	ORGAN DNR ISOL
PT EMPLOYER NONE	TELEPHONE	EXT	OCCUPATION OPERATOR
EMPLOYER ADDRESS			
CITY	STATE	ZIP	RETIREMENT DATE
NEAREST RELATIVE NAME WILLIS, CHELSEA L			
RLTN ADDRESS 727 E. NORT COMMERCE			
CITY WILLS POINT	STATE TX	ZIP 75169-	PHONE 903-873-6830
EMERGENCY CONTACT NAME ABBOTT, HOPE I			
RLTN ADDRESS 6305 FM 429			
CITY KAUFMAN	STATE TX	ZIP 75142-	PHONE 972-962-7443
GUARANTOR NAME MURPHY, JEDIDIAH I			RLTN PHONE 972-962-7443
ADDRESS 6305 FM 429			EXT
CITY KAUFMAN	STATE TX	ZIP 75142-	OCCUPATION OPERATOR
GUARANTOR EMPLOYER NONE			SOCIAL SECURITY NUMBER 456-71-2610
ADDRESS			
CITY	STATE	ZIP	FC: H
INSURANCE NAME 1 MAGELLAN - NSTAR	PLAN G26	PHONE	POLICY # A1103713
MAILING ADDRESS NORTHSTAR CLAIM UNIT		CITY MARYLAND HT	STATE MO
SUBSCRIBER NAME MURPHY, JEDIDIAH		MAIL TO NAME MAGELLAN BE	INS SEX F
INSURANCE NAME 2		PLAN	PHONE
MAILING ADDRESS		CITY	STATE
SUBSCRIBER NAME		MAIL TO NAME	INS SEX
INSURANCE NAME 3		PLAN	PHONE
MAILING ADDRESS		CITY	STATE
SUBSCRIBER NAME		MAIL TO NAME	INS SEX
ATTENDING PHYSICIAN ESTABROOK, WILLIAM		ATTENDING # 001115	REF SRC OHO
ADM DIAGNOSIS PSYCHOSIS NOS		MED SVC PSY	ALLERGIES
ADMITTING PHYSICIAN ESTABROOK, WILLIAM		ADMITTING # 001115	AUTHORIZED BY
PROCEDURE		CLINICAL COMMENT	MODE OF ARRIVAL/ACCOMPANIED BY AMBULANCE
REL OF INFO N	ADV DIR N	LIVING WILL N	LOCATION OF WILL/DIRECTIVE N/A
FAMILY DOCTOR ON CALL ER DR			
VERIFIED BY:		DATE:	
NAME OF INS CO #1:		NAME OF INS CO #1:	
GROUP-INDIVIDUAL		GROUP-INDIVIDUAL	
TELEPHONE NO:		TELEPHONE NO:	
NAME OF PERSON GIVING INFO:		NAME OF PERSON GIVING INFO:	
PREAUTHORIZATION REQ?		AUTHORIZATION #:	
EFF DATE OF INS POLICY:		ELIGIBILITY:	
WAITING PERIOD:		WAITING PERIOD:	
PRE-EXIST:		RN:	
BASIC BENEFITS:		BASIC BENEFITS:	
SEMI @		ANCILLARY @	
MAJOR MEDICAL:		MAJOR MEDICAL:	
DEDUCTIBLE:		BALANCE PAID @	

INSURANCE COPY

23yo STEVE (9-1-75) called "JIM"

Friday night - all started - snake in house.

copper head - daughter there -

grabbed snake + cut head off -

Sat night went looking alley - noticed a few snakes out -

Sunday - 345 - hear to VCR tapes - sets tapes

on shelf - there sets big snake - calls

911 + sees snakes coming from everywhere -

they sent police out - he could see snakes,

hear them, smell, feel them, kill them -

could feel them hitting his boots - totally

real too him - police came out twice

+ didn't see anything -

when they reached down to grab it - it no longer

a snake. hear this hissing - they act just

like a live animal.

sponsor came down Monday AM - put on

table - + tells him there aren't no snakes there

p sponsor left - he thought he killing snakes -

but actually destroying clothes + garments.

I'm conscious every thought -

started drinking since age 13

nothing like this happened before -

1st snake killed was real - Friday night  
started hallucinating snakes Sat night on  
way to bowling alley.

he seen snakes <sup>here</sup> in hospital.

never had problem w snake - seen 6 in  
whole life.

he in AA - 8 months -

been sober for 3 wks -

stayed sober 6 months - slipped  $1\frac{1}{2}$  wks +  
then sober about 3 wks.

he has detoxed twice - body aches - never  
had hallucinations

don't feel bad now.

can't drive cause see snakes in extend-cab-  
sees snakes mae + mae -

seen bro + GF in house when no on there  
seen bro's car in drive way - when not there  
family trying to tell him nothing there

Mo is BSN, Bro - RN - sister - B.D -  
gradually getting worse since Sat.

lost alcohol 3 wks ago - 18 cans/day been  
don't use drugs.



③  
 withdrawal was easy -

no dump since 3 wks ago.

was doing fine until saw smoke -

daughter is 2 y.o.

sep - 7 months - lives in Wills point

married 6 yrs - one daughter from marriage  
 not legally married - common-law.

since separation - severe depression few times  
 some isolation

sleep - <sup>variable</sup> ~~break~~ - last 3 days slept 6 hrs.  
 had to fall asleep + keep waking up

appetite - eat like horse - 5' 11" 171 - some

energy - pretty refreshed

lately - jobs - lost interest in things - love  
 his line of work - don't have  
 any desire to be anywhere for long.

Voc - welder - loved it - since separation  
 lost interest in it.

~~also~~ motivation - getting harder to do.

concentration - absolutely none

memory - good

socially - hard being near his sponsor -  
 friends went to mom about his  
 problems.

unstable - every now + then -

interests - avid golfer - now golf is burnt  
out - like water skiing -

now more sitting around + doing things

I'm nervous + panicky constantly.

self-esteem - fence - ashamed of some things  
I've done.

suicidal - no in

any lately - ~~too~~ tearing up - feels lost, don't  
know what's going on.

Came cause getting progressively worse -  
since sober emotions blown up more.

sensitive - not him

Soc Ex -

friends - has close friends

Voc - welder - 4½ - 5 yrs -

avoc - golf - water skiing

ed - HS grad - 1½ yr college

relig - Baptist - go church - not lately

mar - 6 yrs - common law -

Sep 7 ~~yrs~~ months - marital conflict  
since he sobered up.

(5)  
family - youngest boy -

but dad died 83 - drank self to death

removed by gov - for abuse -

~~not~~ adopted in 1987

Mother - is biological  
25 <sup>older</sup> 21

1 real bro, 1 real sister  
26 27 29

1  $\frac{1}{2}$  bro 2  $\frac{1}{2}$  sister

my whole family consumed by alcohol -

29yo  $\frac{1}{2}$  sister - manic depressive

no success, no schiz, no seizure

diabetes was mistaken

he had ADHD in - Dyslexic

med tx -

all - ~~not~~ allergic to iodine

meds - none

ill - shot x1 - 94 - guy robbed me

- shot thru (L) hand + (R) lower lung -

appendicitis - 15-16yo - 1990

lung - gun shot sequelae  
lung

both lungs - arthroscopy - p '94  
motor cycle wreck.

hosp - x3 w/ appendicitis  
gun shot

oak Haven navy dr - x30 days Nov 98

Sex- had interest-

no sexual abuse

been physically abused by family  
who adopted him in '83-

Toxic- no Alcohol in 3 wks

no drugs-

eggs 1 1/2 per day

Trauma- motor cycle accident - ~~band~~ debracketed

both knee - Fx'd ribs + fingers.

has Fx'd ribs (2) on (2) bottom

while water skiing

knocked out - # of times - do lot

of extreme sports -

motor cycle racing

jumping out airplanes, etc.

RofS- Hallucinations

Fx'd Ribson (R) side

no recent head injuries  
in last few wks

DX: I MDD 296.23

R/O DT'S

II no Dx

III Fx'd ribs,

IV repetition

V 15-20

85

Wm C. G. M.D.

*Glen Oaks Hospital***DISCHARGE SUMMARY**

**NAME:** Jedidiah Isaac (Jim) Murphy  
**M.R. #:** 00-72-72  
**ATTENDING PHYSICIAN:** WILLIAM ESTABROOK, M.D.  
**ADMISSION DATE:** 08/24/99  
**DISCHARGE DATE:** 09/08/99

**ADMITTING DIAGNOSES:**

**AXIS I:** 296.23 Major Depression, single episode, severe.  
 291.81 Rule out alcohol withdrawal with perceptual disturbances.  
 310.1 Rule out personality change due to possible head trauma.  
**AXIS II:** No diagnosis.  
**AXIS III:** He reports 2 lower right fractured ribs. Gives history of loss of consciousness a number of times due to head trauma.  
**AXIS IV:** Stressors appear to be his separation from his wife and possible detox from the alcohol.  
**AXIS V:** Admitting GAF is about 15; highest past year, about 85.

**PERTINENT HISTORY:** This 23-year-old separated white male said it all started Friday night. Said I came home and there was a snake in the house, a copperhead, and my daughter was there, and I grabbed the snake and cut off its head and killed it. Saturday night I went to the bowling alley, and I started noticing there were a few snakes. On Sunday afternoon, about 3:45, I got some VCR tapes and I set the tapes on the shelf, and there was this big snake sitting there. I called 911 and told them there were snakes coming from everywhere, and they sent police out. He said even though I could see the snakes, hear them, see them, feel them, and kill them. I could even feel them striking against my boots. They were totally real to me. The policeman came out on 2 different occasions and didn't see anything. He said then when I reached down to grab it, it would no longer be a snake. He said I would hear this hissing, and they acted just like a live animal. He said his sponsor came down Monday morning and the patient said there were snakes on the table, and the sponsor told him that there were no snakes there. He said after the sponsor left, he said he thought he was killing snakes, but actually he was destroying clothes and garments. He said I'm conscious of every thought I'm having.

**SIGNIFICANT FINDINGS****MENTAL STATUS EXAMINATION:**

**Attitude and general behavior:** Very anxious, agitated white male who seems very frightened of all these visual hallucinations that he's experiencing. Seems very depressed, tears up easily, and has a real profound sense of depression. Was generally very attentive and cooperative.

**Stream of mental activity:** Spoke in a clear, coherent manner. At times his voice pace was a little rapid, but it seemed to be more out of anxiety. He was very frightened by what was going on, and wanted things to change now, quickly.

**Mental trend content of thought:** He's actively visually hallucinating, and has been for a number of days. Never had anything like this before. He does not appear delusional. Sleep has been very poor. He denies being suicidal.

*Glen Oaks Hospital*

**NAME:** Jedidiah Isaac (Jim) Murphy  
**M.R. #:** 00-72-72  
**ATTENDING PHYSICIAN:** WILLIAM ESTABROOK, M.D.  
**ADMISSION DATE:** 08/24/99  
**DISCHARGE DATE:** 09/08/99

Page Two

**Affect and mood:** Affect is restricted to flat. Mood is very depressed. He acknowledges being a little irritable, but he's highly anxious, apprehensive, worried about what's going on.

**Sensorium/orientation:** He is oriented to person, place, time, and situation.

**Remote memory/recent memory:** As far as I can tell, generally seem to be intact. There was a couple of times when the way he was telling the story was confusing, but he was able to clear it up so that I could follow his train of thinking.

**Retention and immediate recall:** He was able to do this on several occasions during the interview.

**Attention and concentration span:** This fluctuated; sometimes he was able to attend and concentrate well; at other times, he started getting things mixed up and I'd have to slow him down, and usually it was when his anxiety level seemed to be getting higher again.

#### **GENERAL INTELLECTUAL EVALUATION:**

**Reasoning and Judgement:** It's both intact and impaired. He recognizes there's something severely wrong, but at the same time he can't seem to stop himself, and he's actively reacting to the hallucinations.

**Abstraction:** Concrete in his thinking.

**General fund of information:** About average for a high school education.

**PHYSICAL FINDINGS:** Physical exam was performed. Findings were anxiety.

**LAB AND X-RAY:** On 25August99 chemistry profile shows phosphorus of 5.1, elevated. Total bilirubin 1.3, elevated. CBC shows neutrophil 32, low; lymphocyte 48, slightly high; eosinophile 8, slightly elevated. Routine UA normal. RPR nonreactive. UDS positive for amphetamines. He reported that he was using diet pills. He had a repeat UDS on 27August99; again it was positive for amphetamines; again, it was the diet pills.

**PSYCHOLOGICAL FINDINGS:** Psychological testing was not done.

#### **HOSPITAL COURSE:**

08/24/99 - We have a 23-year-old separated white male admitted because of seeing snakes. Very depressed. High level anxiety. Patient began seeing snakes Saturday night, and getting worse since then. Patient has history of drinking since age 13, but last drink was 3 weeks ago. No history of previous hallucinations. Denies drug use, or recent head injury. Has been getting more depressed and anxious since separated 7 months ago.

08/24/99 - 23-year-old separated white male reports killed real live copperhead snake in house Friday (others have confirmed this). On Saturday he began hallucinating snakes, and has been getting worse ever since. Says they seem so real to him, but no one else sees them. Patient also appears to have severe major depression since separated from wife 7 months ago. History of alcoholism since age 13, but been in recovery for 3 weeks. Father died in DT's, but patient never had anything like that. Patient has not used any drugs, nor sustained head injury in recent past few weeks. We'll treat as psychotic depression with high anxiety.

NAME: Jedidiah Isaac (Jim) Murphy  
 M.R. #: 00-72-72  
 ATTENDING PHYSICIAN: WILLIAM ESTABROOK, M.D.  
 ADMISSION DATE: 08/24/99  
 DISCHARGE DATE: 09/08/99

Page Four

**HOSPITAL COURSE** <continued>:

09/08/99 - Patient requesting to leave. Says he's done a lot of work on himself and alters Randy and Tyler. Says he realizes he needs to help them put Terry to rest; danger is past, even though Terry has been released from prison. Says he feels a lot better inside and he isn't suicidal. He plans to see John Motley at Van Zandt County Counseling Center for therapy, and will be followed by psychiatrist at Terrell MHMR Clinic. He also plans to attend AA groups and have a sponsor.

**CONDITION ON DISCHARGE:** Patient appears to have a dissociative identity disorder. Affect is a little brighter. Mood is a little bit more positive, more hopeful. He's feeling more in control of his life. The auditory hallucinations are still present, but appear to be more explained by the alters that he has. No visual hallucinations at this time. He denies being suicidal and he's not homicidal. He is oriented times four. Memory is somewhat intact, taking into account that the alters have some of the memories of the abuse that he does not.

**DISCHARGE INSTRUCTIONS:** Effexor-XR 150 mg after breakfast; Seroquel 100 mg at bedtime; Ativan 1 mg p.o. q. 6 hours p.r.n. nervousness. Diet and activity as tolerated.

**DISCHARGE DIAGNOSES:**

AXIS I: 296.23 Major Depression, single episode, severe.  
 300.14 Dissociative Identity Disorder.  
 303.90 Alcohol Dependence.

AXIS II: No diagnosis.

AXIS III: He reports 2 lower right ribs in the process of healing from fracture. History of a number of head traumas with loss of consciousness.

AXIS IV: Stressors appear to be his separation from his wife.

AXIS V: Admitting GAF is about 15; discharge GAF 40; highest past year, about 85.

**RECOMMENDATIONS AND AFTERCARE:**

He has therapy with John Motley at Van Zandt County Counseling Center. He's to go to the Terrell MHMR Clinic for psychiatric follow-up.

*William Estabrook MD*  
 WILLIAM ESTABROOK, M.D.

WE/MTTS

dd: 09/20/99  
 dr: 09/22/99  
 dt: 09/24/99

\* Dictated transcribed not read subject to transcription error.



*Glen Oaks Hospital***PSYCHIATRIC EVALUATION**

**NAME:** Jedidiah Isaac (Jim) Murphy  
**M.R. #:** 00-72-72  
**ATTENDING PHYSICIAN:** WILLIAM ESTABROOK, M.D.  
**ADMISSION DATE:** 08/24/99

**CHIEF COMPLAINT:** "I'm seeing things."

**PRESENT ILLNESS:** This 23-year-old separated white male said it all started Friday night. Said I came home and there was a snake in the house, a copperhead, and my daughter was there, and I grabbed the snake and cut off its head and killed it. Saturday night I went to the bowling alley, and I started noticing there were a few snakes. On Sunday afternoon, about 3:45, I got some VCR tapes and I set the tapes on the shelf, and there was this big snake sitting there. I called 911 and told them there were snakes coming from everywhere, and they sent police out. He said even though I could see the snakes, hear them, see them, feel them, and kill them. I could even feel them striking against my boots. They were totally real to me. The policeman came out on 2 different occasions and didn't see anything. He said then when I reached down to grab it, it would no longer be a snake. He said I would hear this hissing, and they acted just like a live animal. He said his sponsor came down Monday morning and the patient said there were snakes on the table, and the sponsor told him that there were no snakes there. He said after the sponsor left, he said he thought he was killing snakes, but actually he was destroying clothes and garments. He said I'm conscious of every thought I'm having.

Said he started drinking at age 13, and nothing like this has ever happened before. He said the first snake I killed was real, Friday night. And I started hallucinating snakes Saturday night on the way to the bowling alley. He said actually I've even seen snakes since I've been here in the hospital. He said I've never had a problem with snakes; I've seen 6 total in my whole life. Said he was in AA for 8 months, and then he stayed sober for 6 months, and then he slipped for a week and a half, and then got sober again for the last 3 weeks. He said he's detoxed twice, and said I get body aches, but I've never had anything like this before. He said I don't feel physical bad now, I just can't stop seeing snakes. I can't even drive because I keep seeing snakes inside the extended cab of my truck. He said I keep having to pull over to get rid of them. He said it's getting worse. I'm starting to see my brother and his girlfriend in the house when there's no one there. I'll see my brother's car in the driveway when it's not there. He said My family keeps trying to tell me there's nothing there, but it all looks so real to me. He said his mother has a B.S. in nursing, his brother is an R.N, and he has a sister who's an M.D. in cardiology. He said things have gradually been getting worse since Saturday. He said my last alcohol was 3 weeks ago, when I was drinking at least 18 cans of beer a day. He said I don't use drugs. He said the withdrawal from the drinking was easy. He said I've not done anything since 3 weeks ago. He said I was doing fine until I saw the snakes. I asked him how old his daughter was, and he said 2 years old. Said we've been separated 7 months, me and my wife, and she lives in Wills Point. He said we've been married 6 years and 1 daughter from the marriage. He said, well we're not really legally married, it's common law marriage. He said since they've been separated, he's noticed he's getting severely depressed, and at times it's really bad. He said he feels some isolation.

NAME: Jedidiah Isaac (Jim) Murphy  
 M.R. #: 00-72-72  
 ATTENDING PHYSICIAN: WILLIAM ESTABROOK, M.D.  
 ADMISSION DATE: 08/24/99

**PRESENT ILLNESS <continued>:** I asked him how his sleep is, and he said it's variable. He said I've probably Page Twoslept 6 hours in the last 3 days. He said it's hard to fall asleep and then even when I do, I keep waking up. His appetite, he said I eat like a horse; I'm 5'11" and weigh 121 pounds, and my weight has stayed the same. His energy he states is that he feels pretty refreshed. Lately, he said he's lost interest in things. He said I used to love my line of work; I'm a welder, but I just don't have any desire to be anywhere for very long. It's just like I've lost interest in things. He said his motivation is decreasing. He's noticing it's getting harder to make himself do things. His concentration is bad. He said I have absolutely none. My memory appears to be okay. Socially, he said, I've been kind of being near my sponsor. He said his friends have been going to his mom because they're very concerned about how he's been doing. I asked if he's irritable, and he said every now and then I notice I lose my temper. Interests are that he's an avid golfer, but he said he's just lost interest. He said I used to like water skiing, but now there's more of just sitting around and not doing anything. He said I feel like I'm nervous and panicky constantly. He thinks his self-esteem is fine, but he said, I am ashamed of some of the things I've done. I asked him about suicidal feelings, and he said, no sir, I don't feel like killing myself. I asked about crying lately, and he said he tears up a lot, he feels lost, he doesn't know what's going on. He said I came here because I'm just getting progressively worse. He said since I've been sober, my emotions have shown up more and more. I asked him if he has trouble with feeling overly sensitive to what people say, and he said no, that doesn't seem to be a problem.

#### **SOCIAL HISTORY:**

**Friendships:** Said he has some close friends.

**Vocational history:** He's a welder; been one for 4-5 years and said he used to really love it.

**Avocational history:** Enjoys golf and water skiing, but he's lost interest in both.

**Educational history:** He's a high school graduate and has and year and a half of college.

**Religious history:** He's Baptist. Said he used to go to church but hasn't been going lately.

**Marital history:** He's been married 6 years, common-law, separated for 7 months. Lots of marital conflicts, especially since he's sobered up. They have one child between them.

**FAMILY HISTORY:** He's the youngest boy. Biological dad died in 1983; drank himself to death. Said he was removed from his home by the government because he was being abuse, and readopted in 1987. Said mother is his biological. He has 1 real brother who is 25 years, and he's older, and 1 real sister age 21. He says he has 1 halfbrother, age 26, and 2 half sister, ages 27 and 29. He said my whole family is consumed by alcohol. His 29-year-old half sister is manic depressive. He doesn't know of any suicides. No schizophrenia, no seizures. Said he has diabetes; and said, oh by the way, I used to have ADHD and I have dyslexia and I was on Ritalin when I was a kid.

#### **MEDICAL HISTORY:**

**Allergies:** Iodine.

**Medication history:** He's not been on any medicines.

**Serious illnesses:** He was shot once in 1994 when a guy robbed him and shot him through the left hand and the right lower lung. He had appendicitis at age 15 or 16 in 1990.

**Surgical history:** He's had surgery for the sequela fro the gunshot wounds. He's also had arthroscopy of both knees, after motorcycle wreck in 1994.

**NAME:** Jedidiah Isaac (Jim) Murphy  
**M.R. #:** 00-72-72  
**ATTENDING PHYSICIAN:** WILLIAM ESTABROOK, M.D.  
**ADMISSION DATE:** 08/24/99

Page Three

**Hospitalizations:** He's been hospitalized 3 weeks for appendicitis and gunshot wounds. He was at the Oak Haven Recovery Center for 30 days in November, 1998.

**Sexual history:** Said he's lost interest in sex. No history of sexual abuse. He was physically abused by his family who adopted him in 1983.

**Toxic history:** Said he's not had any alcohol in 3 weeks and is not using any drugs. Smokes approximately a pack and a half of cigarettes a day.

**Trauma history:** He was involved in a motorcycle accident where he dislocated both his knees, fractured his ribs and fingers. He recently fractured 2 right ribs on the bottom side while water skiing. Said he's been knocked out a number of times, and into a lot of extreme sports. He also has done motor cycle racing, jumping out of airplanes, etc.

**Review of systems:** Said he's fractured ribs on his right side and he has hallucinations. He's not had any recent head injuries in the last few weeks.

### MENTAL STATUS EXAMINATION:

**Attitude and general behavior:** Very anxious, agitated white male who seems very frightened of all these visual hallucinations that he's experiencing. Seems very depressed, tears up easily, and has a real profound sense of depression. Was generally very attentive and cooperative.

**Stream of mental activity:** Spoke in a clear, coherent manner. At times his voice pace was a little rapid, but it seemed to be more out of anxiety. He was very frightened by what was going on, and wanted things to change now, quickly.

**Mental trend content of thought:** He's actively visually hallucinating, and has been for a number of days. Never had anything like this before. He does not appear delusional. Sleep has been very poor. He denies being suicidal.

**Affect and mood:** Affect is restricted to flat. Mood is very depressed. He acknowledges being a little irritable, but he's highly anxious, apprehensive, worried about what's going on.

**Sensorium/orientation:** He is oriented to person, place, time, and situation.

**Remote memory/recent memory:** As far as I can tell, generally seem to be intact. There was a couple of times when the way he was telling the story was confusing, but he was able to clear it up so that I could follow his train of thinking.

**Retention and immediate recall:** He was able to do this on several occasions during the interview.

**Attention and concentration span:** This fluctuated; sometimes he was able to attend and concentrate well; at other times, he started getting things mixed up and I'd have to slow him down, and usually it was when his anxiety level seemed to be getting higher again.

### GENERAL INTELLECTUAL EVALUATION:

**Reasoning and Judgement:** It's both intact and impaired. He recognizes there's something severely wrong, but at the same time he can't seem to stop himself, and he's actively reacting to the hallucinations.

**Abstraction:** Concrete in his thinking.

**General fund of information:** About average for a high school education.

**ASSETS:** Seems very concerned and wants help. Family is very encouraging of him getting help.

**NAME:** Jedidiah Isaac (Jim) Murphy  
**M.R. #:** 00-72-72  
**ATTENDING PHYSICIAN:** WILLIAM ESTABROOK, M.D.  
**ADMISSION DATE:** 08/24/99

Page Four

**ADMITTING DIAGNOSES:**

**AXIS I:** 296.23 Major Depression, single episode, severe.  
291.81 Rule out alcohol withdrawal with perceptual disturbances.  
310.1 Rule out personality change due to possible head trauma.  
**AXIS II:** No diagnosis.  
**AXIS III:** He reports 2 lower right fractured ribs. Gives history of loss of consciousness a number of times due to head trauma.  
**AXIS IV:** Stressors appear to be his separation from his wife and possible detox from the alcohol.  
**AXIS V:** Admitting GAF is about 15; highest past year, about 85.

**PLAN OF CARE:**

1. Admit to the Adult Unit. Place on precautions.
2. Medical/psychiatric evaluation.
3. We'll begin to treat him as a psychotic state, and also treat his Major Depression, and watch to see if any further information comes out to better explain what's going on.

*William Estabrook MD*  
\_\_\_\_\_  
WILLIAM ESTABROOK, M.D.

**WE/MTTS**

dd: 08/26/99  
dr: 08/27/99  
dt: 08/27/99

\* - Dictated transcribed not read subject to transcription error.

Glen Oaks  
Hospital

# PHYSICAL EXAMINATION

Page 1 of 8

21 2115 AP

JEREMY JEROME

1010 11/11/10

"Jim"

Date of Exam: 8-25-99 Time of Exam: 0810 AM/PM Age: 23

Vital Signs: BP see chart Temp R HT WT

Chief Complaint:

Complaint of Other:

History of Present Illness: Anxiety attacks

## Past History:

Medical: 1

Surgical: Plastic surgery @ hand, orthopedic both knees, appendicitis

Trauma: Penetrating leg

Hospitalizations: See chart above

Psychiatric History: Anxiety

Allergies: None

Medications: 1

Immunizations: ☒ Up to date. See nursing assessment Specify Otherwise:Developmental History (Under 18 only) ☐ Normal Otherwise:Substance Abuse: ☒ Tobacco ☐ ETOH ☐ Cannabis ☐ Opiate ☐ Cocaine ☐ Other:

Sexual History: Active

Family History: See Nursing Assessment

Social History: Marital Status ☐ S ☐ M ☒ Sep ☐ D ☐ W Lives with

Occupation: writer Education Level: College 2 years

Review of Systems: ☒ Nursing assessment reviewed. (N/C = noncontributory) Additional data noted below.

General: (N/C)

Skin: (N/C)

## PHYSICAL EXAMINATION - PAGE 2 OF 8

Review of Systems: (Continue)

HEENT:	N/C	_____
Breasts:	N/C	_____
Respiratory:	N/C	_____
Cardiovascular:	N/C	_____
Gastrointestinal:	N/C	_____
Genitourinary:	N/C	_____
Gynecological:*	N/C	_____
Obstetrical:	N/C	_____
Musculoskeletal:	N/C	_____
Neurologic:	N/C	_____
Endocrine:	N/C	_____
Lymphatic:	N/C	_____
Hematologic:	N/C	_____

NOTE: Examiner is to cross out any description which does not apply to this patient. \* Female Only

## 1. GENERAL APPEARANCE:

☒ Inspection: Patient is a well-developed, well-nourished individual who does not appear to be in any acute distress.☐ Specify Otherwise: \_\_\_\_\_

## 2. SKIN:

☒ Palpation: warm moist, elastic. Inspection without significant eruptions or discoloration☐ Specify Otherwise: \_\_\_\_\_

## 3. HEAD:

☒ Inspection: Scalp is without lesion. Hair is of normal distribution and color, not significantly fine or coarse to touch.☐ Specify Otherwise: \_\_\_\_\_

## 4. FACE:

☒ Inspection: No marked asymmetry or sagging is noted.☐ Specify Otherwise: \_\_\_\_\_

## 5. EYES:

☒ Inspection: The sclera are white. Conjunctivae are free from infection. The cornea and lens are clear.☐ Specify Otherwise: \_\_\_\_\_

## 6. NOSE:

☒ Inspection: No obvious deformity. Mucous membranes are not inflamed. Turbinates are not swollen.

Airways are patent. There is no septal perforation. There is no significant rhinitis.

☐ Specify Otherwise: \_\_\_\_\_

## 7. EARS:

☒ Inspection: Canals are clear. Tympanic membranes intact and noninjected.☐ Specify Otherwise: \_\_\_\_\_





Glen Oaks  
Hospital

## PHYSICAL EXAMINATION

21:2115 AP

3000 JED:DIAN

0000000000

Page 3 of 8

8. **TEETH:**

☒ Inspection: Teeth are in good repair and the gums appear healthy.

☐ Specify Otherwise: \_\_\_\_\_

9. **PHARYNX:**

☒ Inspection: Mucosa is not inflamed. No evidence of swelling or exudate.

☐ Specify Otherwise: \_\_\_\_\_

10. **THYROID:**

☒ Inspection/Palpation: The thyroid is not enlarged and there are no nodules.

☐ Specify Otherwise: \_\_\_\_\_

11. **NECK:**

☒ Inspection/Palpation: No limitation of lateral, anteroposterior, or rotating motion. Trachea is midline.

☐ Specify Otherwise: \_\_\_\_\_

12. **GLANDS:**

☒ Palpation: No significant lymph gland enlargement in the neck, axillae, epitrochlear area, supraclavicular area, or groin.

☐ Specify Otherwise: \_\_\_\_\_

13. **CHEST:**

☒ Inspection: Normal AP diameter. Normal contour and movement on inspiration/expiration.

☐ Specify Otherwise: \_\_\_\_\_

14. **LUNGS:**

☒ Auscultation: Breath sounds are audible. No rales, rhonchi, or wheezes are noted.

☐ Specify Otherwise: \_\_\_\_\_

15. **BREASTS:**

☐ Inspection/Palpation: Free from masses and tenderness, discharge, dimpling, wrinkling, or discoloration of the skin.

☒ The patient refuses exam and has been notified of possible consequences including undiagnosed illnesses which could result in morbidity and even death. (Including cancer.)

☐ Specify Otherwise: \_\_\_\_\_

16. **HEART:**

☒ Not enlarged to percussion. No thrills. Auscultation: heart sounds are regular in rhythm and of normal rate. No murmurs, clicks, or rubs.

☐ Specify Otherwise: \_\_\_\_\_

17. **ABDOMEN:**

☒ Inspection/Palpation: Normal Contour, no masses or tenderness, no palpable organomegaly (kidney, liver, spleen). Percussion: There is no costovertebral angle tenderness. No guarding. Auscultation: Peristaltic sounds audible in four quadrants. No Bruits.

☐ Specify Otherwise: \_\_\_\_\_



**PHYSICAL EXAMINATION - PAGE 4 OF 8****18. GENITALIA:**

☐ Female inspection/Palpation: No hernia. No external lesion is noted. Pelvic Female: The vaginal mucosa is moist and normally elastic. Uterus is normal size, shape, position, freely movable. Cervix is without lesion. There is no significant vaginal discharge.

☐ Specify Otherwise: \_\_\_\_\_

☐ Male inspection/Palpation: Both testes palpable. No abnormal masses. No hernia. No urethral discharge. No lesions of penile.

☐ Specify Otherwise: \_\_\_\_\_

**18. GENITALIA - Not performed:**

☐ Recent exam completed on \_\_\_\_\_ by (physician's name) \_\_\_\_\_

☐ Patient wishes to have own physician perform exam. (Physician's Name) \_\_\_\_\_

☐ Patient unable to cooperate because of psychiatric condition; exam deferred until (date) \_\_\_\_\_

☒ Patient refuses exam and has been informed of possible consequences including undiagnosed illness which could result in morbidity and even death. (Including STDs and cancer)

☐ Specify Otherwise: \_\_\_\_\_

**19. TANNER STAGES: (Adolescents Only):** ☐ Patient refused

	<b>FEMALE</b>	<b>MALE</b>
<input type="checkbox"/> Stage 1	Preadolescent pubic hair and breasts.	Preadolescent penis and testes, no pubic hair.
<input type="checkbox"/> Stage 2	Sparse, slightly pigmented, straight pubic hair; breast and papilla elevated as a small mound; areola diameter increased.	Scanty pubic hair, slightly enlarged penis, enlarged scrotum, pink texture altered.
<input type="checkbox"/> Stage 3	Pubic hair darker; beginning to curl, increased amount. breast and areola enlarged, no contour separation.	Pubic hair darker and curly. Penis, scrotum larger.
<input type="checkbox"/> Stage 4	Pubic hair coarse, curly, more abundant; areola and papilla form secondary mound.	Adult-type pubic hair; penis is larger, wider; scrotum larger, darker.
<input type="checkbox"/> Stage 5	Pubic hair is adult feminine triangle; mature breast nipple projects, areola part of general breast contour.	Adult pubic hair distribution; full growth of penis and testes.

**20. RECTAL: (All patients age 45 or older, or if specific symptoms indicate need for examination.)**

☐ Inspection: No evidence of hemorrhoids, fissures, bleeding, or masses. Palpation: No masses. Sphincter tone is normal. Male prostate is smooth, non-tender and free from nodules, is of normal size.

☐ Specify Otherwise: \_\_\_\_\_

**Not performed:**

☒ Patient is less than age 45 and absent of specific symptoms indicating need for examination.

☐ Recent exam completed on (date) \_\_\_\_\_ by (Physician's name) \_\_\_\_\_

☐ Patient wishes to have own physician perform exam. (Physician's name) \_\_\_\_\_

☐ Patient unable to cooperate because of psychiatric condition; exam deferred until (date) \_\_\_\_\_

☐ Patient refuses exam and has been informed of possible consequences including undiagnosed illnesses which could result in morbidity and even death. (Including STDs and cancer)

☐ Other (Specify): \_\_\_\_\_



# PHYSICAL EXAMINATION

Page 5 of 8

24 2115 AP

MURRAY JEDIDIAH

DR. E. J. J. J.

004 1111 1111

## 21. CIRCULATION:

- ☒ Inspection: No significant varicosities. Palpation: Pulses are palpable and regular in neck, wrist, groin, popliteal, and tibial arteries. Auscultation: no audible bruits.
- ☐ Specify Otherwise: \_\_\_\_\_

## 22. EXTREMITIES:

- ☒ Inspection/Palpation: Full range of motion of joints. No discolorations, tenderness, edema, or evidence of impaired function.
- ☐ Specify Otherwise: \_\_\_\_\_

## 23. BACK:

- ☒ Inspection: There is normal curvature of the spine. Able to bend from waist. Percussion/Palpation: There is no tenderness of the cervical, dorsal, and lumbar spines.
- ☐ Specify Otherwise: \_\_\_\_\_

## NEUROLOGICAL EXAMINATION

A. Level of consciousness: ☐ Alert ☐ Drowsy ☐ Stupor ☐ Coma

### B. Speech and Language:

- ☒ Clear articulation, no slurring, no stuttering or other difficulties or impediments of speech; no bizarre intonation, able to use and interpret language with ease.
- ☐ Specify Otherwise: \_\_\_\_\_

### C. Examination of Cranial Nerves:

#### I. Olfactory (CN1):

- ☒ Smells freshly burned match, fresh coffee, or alcohol swab.
- ☐ Specify Otherwise: \_\_\_\_\_

#### II. Optic (CN2)

##### Visual Fields

- ☒ Full with no deficits on confrontation; able to distinguish number of fingers in central field, distinguishes movement in peripheral fields.
- ☐ Specify Otherwise: \_\_\_\_\_

##### Pupillary Reactivity:

- ☒ Pupil size symmetrical; pupils neither widely dilated nor pinpoint in average room light; prompt constriction in reaction to direct light stimulus.
- ☐ Specify Otherwise: \_\_\_\_\_

##### Fundi:

- ☒ Flat, discs not elevated, no arterio-venous nicking, no hemorrhages, no retinal pigmentation.
- ☐ Specify Otherwise: \_\_\_\_\_

PHYSICAL EXAMINATION - PAGE 6 OF 8

NEUROLOGICAL EXAMINATION (continued)

III. Movement of eyes (oculomotor (CN3), trochlear (CN4) and abducens nerves (CN6)):

☒ Smooth, symmetrical movement through all positions of gaze, no nystagmus present.

☐ Specify Otherwise: \_\_\_\_\_

IV. Trigeminal (CN5) (ophthalmic branch, maxillary branch, mandibular branch):

☒ With eyes closed, indicates facial and aural tactile perception.

☐ Specify Otherwise: \_\_\_\_\_

**Movement of muscles of mastication:**

☒ Symmetrical tension in muscles of clenched jaw; able to move jaw laterally against resistance; symmetrical muscle mass of temporalis and masseters; absence of lip tremors, involuntary chewing movements and trismus; chews symmetrically.

☐ Specify Otherwise: \_\_\_\_\_

V. Facial (CN7):

☒ Normal facial inspection; frowns and elevates eyebrows symmetrically (upper), right closing of eyes (upper), able to show teeth; smiles symmetrically (lower).

☐ Specify Otherwise: \_\_\_\_\_

VI. Acoustic (CN8):

**Cochlear branch:**

☒ Hears finger rubbing or snapping equally in both ears.

☐ Specify Otherwise: \_\_\_\_\_

**Vestibular branch:**

☒ Finger to nose or finger to finger without past-pointing; stands with feet together without postural deviation (absent Romberg).

☐ Specify Otherwise: \_\_\_\_\_

VII. Glossopharyngeal (CN9) and Vagus Nerves (CN10):

☒ Normal midline elevation of uvula and palate; gag reflex present. Can make glottal sounds.

☐ Specify Otherwise: \_\_\_\_\_

VIII. Accessory Nerve (CN11):

☒ Normal strength and symmetry on turning head and elevation of shoulders.

☐ Specify Otherwise: \_\_\_\_\_

IX. Hypoglossal Nerve (CN12):

☒ Tongue protrudes in midline with absence of fasciculation, tremors, or atrophy.

☐ Specify Otherwise: \_\_\_\_\_

D. Cerebellar Function:

**Balance**

☒ No abnormalities of gait (tandem and heel-toe).

☐ Specify Otherwise: \_\_\_\_\_

Glen Oaks  
Hospital

# PHYSICAL EXAMINATION

Page 7 of 8

27 2115 AP

MURPHY JEDIDIAH

DR E. A. K. A. K.

D. A. K. A. K. A. K.

## NEUROLOGICAL EXAMINATION (continued)

### Coordination

- ☒ Able to touch heel to shin and vice versa rapidly and accurately; able to perform rapid alternating movements (supination and pronation of forearms) quickly and symmetrically.
- ☐ Specify Otherwise: \_\_\_\_\_

### E. Motor functions:

#### Muscle tone and mass:

- ☒ Symmetrical on inspection, good tone without spasticity or rigidity; no contractures or hypotonus, no atrophy.
- ☐ Specify Otherwise: \_\_\_\_\_

#### Muscle Strength:

- ☒ Adequate and symmetrical muscle strength (5/5) on resistance to opposing force for upper and lower body muscle groups on flexion and extension, abduction and adduction.
- ☐ Specify Otherwise: \_\_\_\_\_

#### Involuntary Movements:

- ☒ Absence of tremors, twitches, tics, fasciculation, athetoid, or choreiform movements, myoclonus or myotonia.
- ☐ Specify Otherwise: \_\_\_\_\_

#### Sensory System:

- ☒ Normal and symmetrical responses to touch and pin prick.
- ☐ Specify Otherwise: \_\_\_\_\_

### F. Deep Reflexes:

0 = Absent, 1 = Diminished, 2 = Normal, 3 = Increased, 4 = Hyperactive, 5 = Hyperactive with clonus

	LEFT	RIGHT
Biceps	<u>2</u>	<u>2</u>
Radial	<u>1</u>	<u>1</u>
Quadriceps	<u>1</u>	<u>1</u>
Achilles	<u>1</u>	<u>1</u>

IMPRESSION:

Acute Y / N

1. Anxiety
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

RECOMMENDATIONS DURING THIS ADMISSION:

1. No further resuscitation
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

RECOMMENDATIONS AFTER DISCHARGE:

1. Full E P (P on D) C
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

PATIENT PHYSICALLY ABLE TO PARTICIPATE IN ALL ASPECTS OF PROGRAMMING?

   YES    NO

IF NOT, LIST LIMITATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

525 99 - tham

DATE

EXAMINER

DATE

SUPERVISING PHYSICIAN

8-20-99

Wm E. E. E. MD

DATE

ATTENDING PHYSICIAN

1/27/97



DATE: 9-3-99 TIME: 6:50 PATIENT: 1 OF 1  
 PORTABLE X-RAY AND EKG (972) 669-1243 ROOM # \_\_\_\_\_  
 PATIENT MURPHY JEDI DIAH  
 LAST FIRST  
 DOB 2-24-99-15 ☒ MALE ☐ FEMALE  
 ILITY GLEN OAKS PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EXAM: ☒ X-RAY ☐ LEFT ☐ RIGHT ☐ EKG  
☐ CHEST ☐ SKULL ☐ FEMUR ☐ FOOT ☐ FOREARM  
☐ RIBS ☐ C-SPINE ☒ KNEE ☐ SHOULDER ☐ WRIST  
☐ ABD/KUB ☐ T-SPINE ☐ LEG ☐ HUMERUS ☐ HAND  
☐ HIP/PELVIS ☐ L-SPINE ☐ ANKLE ☐ ELBOW ☐ \_\_\_\_\_

REASON FOR EXAM \_\_\_\_\_

☐ COUGH ☐ CHEST PAIN ☒ PATIENT CONFINED TO RESIDENCE  
☐ CONGESTION ☒ PATIENT FELL ☐ ACUTE CONDITION  
☐ R/O PNEUMONIA ☒ R/O FRACTURE ☐ CHECK OLD FX  
☐ ELEV TEMP. ☐ SWELLING ☐ NON AMBULATORY

PHYSICIAN READING X-RAY FILM \_\_\_\_\_ TECH KSMEDICARE NUMBER & LETTER SS 456-71 2610

MEDICAID NUMBER \_\_\_\_\_

IF NO MEDICAID RESPONSIBLE PARTY HESEA WILLS

RESS 727 E. NORTH COMMERCE  
WILLS POINT 75159

FILMS TO OFFICE \_\_\_\_\_ NURSING HOME \_\_\_\_\_ HOSPITAL \_\_\_\_\_

REF. PHYSICIAN ESTABROOK PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_



Specimen # 4080283-9		Control/Req Number M1-18730		PAGE # 1	
Fasting	Micro Source	Total Urine Volume		Report Status FINAL	
Date Collected 25-AUG-99	Time Collected 6:15 AM	Date Entered 25-AUG-99	Date Reported 26-AUG-99		
Patient ID Number 482115		Patient Phone Number		Patient SSN	
Patient Name MURPHY, JEDIDIAH			Sex M	Date of Birth 01-SEP-1975	
Patient Address					
Comments AGE: 23 SPC RCVD: L, COR, 2UR 217					

Clinical Information 777 Forest Ln. C-350 Dallas, TX 75230	
C.A.P. 20689-01	CLIA # 45D048038
Account [20182-8]	
GLEN OAKS HOSPITAL 301 E DIVISION STREET GREENVILLE, TX 75401	
DR. ESTABROOK, WILLIAM	
ROUTE: 20182-57946.001	

Tests Requested CMP6AC+LP4+CBCD+RPR RFX, URINALYSIS, ROUTINE,  
DRUG SCREEN + THC(100), TSH, High Sensitivity, Serum,  
COMMENT: LABCORP DRAW.

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CHEMISTRY *****					
GLUCOSE	83		MG/DL	65-115	
BUN	12		MG/DL	5-26	
CREATININE	1.1		MG/DL	0.6-1.5	
BUN/CREAT RATIO	10.9		MG/DL		
URIC ACID	6.6		MG/DL	3.5-9.0	
SODIUM	141		MEQ/L	135-148	
POTASSIUM	3.9		MEQ/L	3.5-5.3	
CHLORIDE	103		MEQ/L	96-109	
CALCIUM	9.7		MG/DL	8.5-10.6	
PHOSPHORUS		5.1 HIGH	MG/DL	2.5-4.5	
TOTAL PROTEIN	7.5		G/DL	6.0-8.5	
ALBUMIN	4.6		G/DL	3.5-5.5	
GLOBULIN	2.9		G/DL	0.5-4.5	
A/G RATIO	1.6			1.2-2.2	
TOTAL BILIRUBIN		1.3 HIGH	MG/DL	0.1-1.2	
ALK. PHOS.	75		IU/L	40-150	
SGOT (AST)	16		IU/L	0-45	
SGPT (ALT)	9		IU/L	0-50	
LDH	126		U/L	0-240	
GGT	18		IU/L	0-85	
IRON	107		MCG/DL	40-180	
TRIGLYCERIDE	95		MG/DL	0-199	
CHOLESTEROL	151		MG/DL	0-199	
HDL-CHOLESTEROL	42		MG/DL	35-150	
LDL (CALCULATED)	90		MG/DL	0-130	
LDL/HDL RATIO	2.14			0.0-3.6	
CHOL/HDL RATIO	3.60				
HEMATOLOGY *****					
WBC	7.6		THOUS/MM3	4.0-10.5	
RBC	5.06		MILL/MM3	4.10-5.60	
HGB	15.8		G/DL	12.5-17.0	
HCT	47.3		%	36.0-50.0	
MCV	94		FL	80.0-98.0	
MCH	31.3		PG	27.0-34.0	
MCHC	33.4		%	32.0-36.0	
NEUTROPHILS		32 LOW	%	40-74	
LYMPHOCYTES		48 HIGH	%	14-46	
MONOCYTES	12		%	4-13	
EOSINOPHILS		8 HIGH	%	0-7	
BASOPHILS	0		%	0-3	



ROUTE: 20182-57946.001

Tests Requested CMP6AC+LP4+CBCD+RPR RFX, URINALYSIS, ROUTINE, DRUG SCREEN + THC(100), TSH, High Sensitivity, Serum, COMMENT: LABCORP DRAW

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

HEMATOLOGY: (Continued).

PLATELET COUNT

267

THOUS/MM3 140-415

RDW

13.4

% 11.7-15.0

THYROID TEST(S) \*\*\*\*\*

TSH

3.11

MCIU/ML 0.35-5.5

THE MINIMUM DETECTABLE CONCENTRATION IS 0.03 WHICH IS HIGHLY SENSITIVE.

URINALYSIS, ROUTINE \*\*\*\*\*

APPEARANCE

CLEAR

COLOR

YELLOW

SP GRAVITY

1.015

1.005-1.030

PH

6.0

5.0-7.5

PROTEIN

NEGATIVE

NEGATIVE

GLUCOSE

NEGATIVE

NEGATIVE

KETONES

NEGATIVE

NEGATIVE

BILIRUBIN

NEGATIVE

NEGATIVE

OCCULT BLOOD

NEGATIVE

NEGATIVE

UROBILINOGEN

0.2

ERLICH UN 0.0-1.0

WBC-ESTERASE

NEGATIVE

NEGATIVE

NITRITE

NEGATIVE

NEGATIVE

RPR \*\*\*\*\*

RPR

NONREACTIVE

NONREACTIVE

DRUG SCREEN + THC(100) \*\*\*\*\*

AMPHETAMINES

++POSITIVE++ HIGH CUTOFF:1000 NG/ML

PRESCRIPTION AND NONPRESCRIPTION APPETITE SUPPRESSANTS AND

ANTI-HISTAMINES EXHIBIT SIGNIFICANT CROSS-REACTIVITY WITH THE

EMIT ASSAY FOR ILICIT AMINES. SUGGEST CONFIRMATION BY GC/MS.

BARBITURATES

NEGATIVE

CUTOFF:300 NG/ML

BENZODIAZEPINES

NEGATIVE

CUTOFF:300 NG/ML

THC 100

NEGATIVE

CUTOFF:100 NG/ML

COCAINE METAB

NEGATIVE

CUTOFF:300 NG/ML

METHADONE

NEGATIVE

CUTOFF:300 NG/ML

OPIATES

NEGATIVE

CUTOFF:300 NG/ML

PHENCYCLIDINE

NEGATIVE

CUTOFF:25 NG/ML

PROPOXYPHENE

NEGATIVE

CUTOFF:300 NG/ML

Drug screen specimen storage will be as follows:

EMIT only and EMIT + GC/MS specimens WITH chain of custody-

Positives retained 1 year

Negatives retained 2 days

EMIT only and EMIT + GC/MS specimens WITHOUT chain of custody-

Positives retained 2 months

Negatives retained 2 days

Specimen # <b>4080283-9</b>		Control/Req Number <b>N11-16873-0</b>		PAGE # <b>3</b>		<b>LabCorp®</b>	
Fasting	Micro Source	Total Urine Volume		Report Status <b>FINAL</b>		Clinical Information <b>7777 Forest Ln. C-350 Dallas, TX 75230</b>	
Date Collected <b>25-AUG-99</b>	Time Collected <b>6:15 AM</b>	Date Entered <b>25-AUG-99</b>	Date Reported <b>26-AUG-99</b>		C.A.P. <b>20689-01</b> CLIA # <b>45D048032</b>		
Patient ID Number <b>782115</b>		Patient Phone Number		Patient SSN		Account <b>[20182-8]</b>	
Patient Name <b>MURPHY, JEDIDIAH</b>			Sex <b>M</b>	Date of Birth <b>01-SEP-1975</b>		GLEN OAKS HOSPITAL 301 E DIVISION STREET GREENVILLE, TX 75401	
Patient Address							
Comments <b>AGE: 23 SPC RCVD: L, COR, 2UR 217</b>							
DR. ESTABROOK, WILLIAM <i>WF</i> <i>8-26-99</i>							
ROUTE: 20182-57946.001							

Tests Requested **CMP6AC+LP4+CBCD+RPR RFX, URINALYSIS, ROUTINE, DRUG SCREEN + THC(100), TSH, High Sensitivity, Serum, COMMENT: LABCORP DRAW.**

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
COMMENT: LABCORP DRAW *****					

GLEN OAKS SERVICE CODE:

4294	CMP6AC+LP4+CBCD+RPR RFX	7109285-3
400	URINALYSIS, ROUTINE	7108785-2
8027	DRUG SCREEN + THC(100)	7108376-2
235	TSH, High Sensitivity, Serum	7108765-4
9988	COMMENT: LABCORP DRAW	7108910-6

\*\*\* END OF REPORT \*\*\*

Specimen # 8590370		Control/Req Number 01611883		PAGE # 1	
Fasting	Micro Source	Total Urine Volume		Report Status FINAL	
Date Collected 27-AUG-99	Time Collected 7:50 AM	Date Entered 28-AUG-99	Date Reported 28-AUG-99		
Patient ID Number		Patient Phone Number		Patient SSN	
Patient Name MURPHY, JEDIDIAH			Sex M	Date of Birth 01-SEP-1975	
Patient Address					
Comments AGE: 23 SPC RCVD: UR 210					

**LabCorp®**  
 7777 Forest Ln. C-350  
 Dallas, TX 75230  
 CL-0141  
 C.A.P. 20689-01 CLIA # 4500480381  
 Account [20182-8]  
 GLEN OAKS HOSPITAL  
 301 E DIVISION STREET  
 GREENVILLE, TX 75401  
 DR. ESTABROOK, WILLIAM  
 ROUTE: 20182-57948.002

Tests Requested DRUG SCREEN + THC(100).

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
DRUG SCREEN + THC(100) *****					
AMPHETAMINES	++POSITIVE++	HIGH	CUTOFF:1000 NG/ML		
PRESCRIPTION AND NONPRESCRIPTION APPETITE SUPPRESSANTS AND ANTIHISTAMINES EXHIBIT SIGNIFICANT CROSS-REACTIVITY WITH THE EMIT ASSAY FOR ILLICIT AMINES. SUGGEST CONFIRMATION BY GC/MS.					
BARBITURATES	NEGATIVE		CUTOFF:300 NG/ML		
BENZODIAZEPINES	NEGATIVE		CUTOFF:300 NG/ML		
THC 100	NEGATIVE		CUTOFF:100 NG/ML		
COCAINE METAB	NEGATIVE		CUTOFF:300 NG/ML		
METHADONE	NEGATIVE		CUTOFF:300 NG/ML		
OPIATES	NEGATIVE		CUTOFF:300 NG/ML		
PHENCYCLIDINE	NEGATIVE		CUTOFF:25 NG/ML		
PROPOXYPHENE	NEGATIVE		CUTOFF:300 NG/ML		

Drug screen specimen storage will be as follows:

EMIT only and EMIT + GC/MS specimens WITH chain of custody-

Positives retained 1 year

Negatives retained 2 days

EMIT only and EMIT + GC/MS specimens WITHOUT chain of custody-

Positives retained 2 months

Negatives retained 2 days

GLEN OAKS SERVICE CODE:

8027 DRUG SCREEN + THC(100)

7108376-2

\*\*\* END OF REPORT \*\*\*

*Client request*

## Patient's Bill of Rights

When you apply for or receive mental health services in the State of Texas, you have many rights. Your most important rights are listed on these four pages. These rights apply to all persons unless otherwise restricted by law or court order. A judge or lawyer will refer to the actual laws. If you want a copy of the laws these rights come from, you can call the Health Facility Licensure and Certification Division of the Texas Department of Health at 1-800-228-1570.

It is the responsibility of this hospital under law to make sure you have been informed of your rights. But just giving you this information does not mean your rights have been protected. This hospital is required to respect and provide for your rights in order to maintain licensure and do business in this state.

### Your Right to Know Your Rights

*You have the right*, under the rules by which this hospital is licensed, to be given a copy of these rights before you are admitted to the hospital as a patient. If you so desire a copy should also be given to the person of your choice. If a guardian has been appointed for you or you are under 18 years of age, a copy will also be given to your guardian, parent, or conservator.

*You also have the right* to have these rights explained to you aloud in simple terms in a way you can understand within 24 hours of being admitted to the hospital to receive services (e.g., in your language if you are not English-speaking, in sign language if you are hearing impaired, in Braille if you are visually impaired, or other appropriate methods).

If you believe any of your rights have been violated or you have other concerns about your care in this hospital, you may contact one or more of the following:

Health Facility Licensure and Certification Division  
Texas Department of Health  
1100 W. 49th St., Austin, TX 78756

1-800-228-1570

Advocacy, Incorporated  
7800 Shoal Creek Blvd, Suite 171 E, Austin, TX 78757

1-800-315-3876

If you have been involuntarily committed and you believe that your attorney did not prepare your case properly or that your attorney failed to represent your point of view to the judge, you may wish to report the attorney's behavior to the Ethics Committee of the State Bar of Texas by writing:

Disciplinary Council  
State Bar of Texas  
1414 Colorado  
P.O. Box 12487  
Austin, Texas 78711-2487

*If you are a voluntary patient OR if you have been taken to the hospital against your will, turn to pages three and four for a listing of your special rights under law in Texas. All patients should read pages two and three, which explain the rights that apply to everyone receiving services at this hospital.*

### STATEMENT THAT YOU HAVE RECEIVED THIS PAMPHLET/IT HAS BEEN EXPLAINED

I certify that:

- ☒ I have received a copy of this four-page document prior to admission  
☐ Staff have explained its content to me in a language I understand within 24 hours of admission (if involuntarily committed).  
☐ Staff have explained its content to me in a language I understand prior to admission (if voluntarily committed).

Name Richard A. Murphy

Witness [Signature]

Date 8/24/99

Date 8/24/99

Relationship of witness to patient: admission



# GLEN OAKS HOSPITAL CONDITIONS OF ADMISSION

Case 3:10-cv-00163-N Document 42-14 Filed 05/05/10 Page 326 of 548 PageID 8784

**DOCTOR'S STATEMENT:** Upon the basis of the preliminary examination I have determined that the patient applying for admission has symptoms of mental illness and/or chemical dependence and shall benefit from the hospitalization requested. I recommended that the patient referred to below be admitted as a voluntary patient. I have examined, or his patient was examined by a physician within seventy-two (72) hours of admission.

**ADMITTING DIAGNOSIS** Major Depression with Hallucinations  
**PHYSICIAN PROVIDING DIAGNOSIS** William Estabrook MD

**CONSENT FOR MEDICAL TREATMENT:** I do voluntarily consent to such hospital care encompassing diagnostic and therapeutic procedures and medical treatment, as may be ordered by my physician, his assistants or designees, as is necessary in his judgment. I further consent to such laboratory testing of my blood and body fluids as may be necessary in the event an employee or agent of the hospital is involved in an exposure while providing care for me. I realize that physicians furnishing services to the patient, including but not limited to emergency room physicians, attending physicians, radiologist, anesthesiologists, anesthesiologists, and pathologists are independent contractors and are not employees or agents of the hospital and billing for such services may not be involved in this hospital bill.

**REQUEST FOR DISCHARGE:** If I wish to leave the hospital I will need to give verbal or written notice to a designated hospital staff person responsible for my care. I understand that I must be released within four (4) hours by a Psychiatrist unless a Psychiatrist orders detention for a face to face evaluation to be completed by a Psychiatrist within twenty four (24) hours of request to leave the hospital. I then have a right to leave unless; (a) I change my mind and do so in writing; (b) A Psychiatrist decides to make an application for court-ordered services or emergency detention; or (c) I am 17 years of age or younger and I must be discharged to a parent or guardian.

**PATIENT SEARCH:** I understand that the hospital may deem it necessary to inspect my person, possessions, and my assigned room for items which it considers dangerous to my safety and welfare or the safety or welfare of other patients or hospital employees. I hereby consent to such inspection which may be made by a hospital employee and release the hospital from any liability or other responsibility for the consequences of such inspections.

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize my physician, anesthesiologist, anesthesiologist, consultant, surgeon, radiologist, pathologist, and GLEN OAKS HOSPITAL to release written, verbal, or copied information concerning my care or treatment during this hospitalization including, but not limited to, diagnosis, prognosis, medication, drugs, treatment, laboratory test results, medical history, treatment progress or related information including that dealing with communicable disease, to my insurance agent(s) or carrier(s), and/or Texas Medical Foundation - Peer Review Organization of Texas as required for the processing and payment of insurance claims and/or Medicare/Medicaid/Champus claims for this hospitalization. I am aware that GLEN OAKS HOSPITAL will contact the insured(s) employers to verify employment and benefits.

**AUTHORIZATION TO PAY INSURANCE BENEFITS:** I do hereby authorize payment to my physician, anesthesiologist, anesthesiologist, consultant, surgeon, radiologist, pathologist, and GLEN OAKS HOSPITAL for all physician and hospital benefits otherwise payable to me for this period of hospitalization, but not to exceed the physician's or hospital's total charges. I understand I am financially responsible to my providers for charges not covered by my insurance. I understand that insurance claims are filed as a courtesy service and any disputes with my insurance agents or carriers regarding terms of coverage and payment will be handled by me. In the event I do not choose to assign the payment of my insurance benefits to my providers, I understand that my account will be handled as a private pay account, and that I will be personally responsible for provider charges which are due and payable at the time such services are rendered unless financial arrangements have been made with my providers.

**CONSENT FOR EMERGENCY TREATMENT:** In the case of a medical emergency, I give my consent to be transported to Presbyterian Hospital of Greenville for evaluation and treatment by the attending physician on duty. (This includes parental or guardian consent for minor patients).

**PATIENT RESPONSIBILITY FOR VALUABLES:** I understand that the hospital has the ability to secure my small personal items such as jewelry, billfold, etc. If I wish to have such items secured, I take responsibility to provide these items to Glen Oaks Hospital so they can be secured until my discharge. I further understand that it is my responsibility to retrieve these items upon my discharge and that those items not retrieved will be kept no longer than 30 days before they will be discarded.

**CONSENT TO PHOTOGRAPH:** I Understand that the hospital uses pictures as a means of identification rather than an arm band. I give my consent for my picture to be taken for this purpose.

**PATIENT'S RIGHTS:** As a guardian, I have received "Patient's Rights Under the Consent to Treatment with Psychoactive Medication Rule"

The undersigned certifies that he/she has read and understands each section of the foregoing, receiving a copy thereof, and is the patient, or is duly authorized by the patient as a patient's general agent to execute the above conditions and accept the terms, and this instrument has been signed in Greenville (Hunt County), Texas.

X [Signature] 8/24/99  
Patient Date

[Signature] Date  
Witness Date  
[Signature] 8/24/99  
Witness Date

\_\_\_\_\_  
Guardian Date

\_\_\_\_\_  
Relationship to Patient Date

X [Signature] 8/24/99  
Guarantor Date



# ADVANCE DIRECTIVE ACKNOWLEDGMENT

NAME: Jedidiah Murphy SOC. SEC. NO: 456-71-2610  
IDENTIFICATION NO: 2482123 DATE OF BIRTH: 9/1/75

## PLEASE READ THE FOLLOWING FOUR STATEMENTS.

Place your initials after each statement.

1. I have been given written materials about my right to accept or refuse medical treatments. \_\_\_\_\_ (Initialed)
2. I have been informed of my rights to formulate Advance Directives. \_\_\_\_\_ (Initialed)
3. I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. \_\_\_\_\_ (Initialed)
4. I understand that the terms of any Advance Directive that I have executed will be followed by the health care facility and my caregivers to the extent permitted by law. \_\_\_\_\_ (Initialed)

## PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

☐ I HAVE executed an Advance Directive.

☒ I HAVE NOT executed an Advance Directive.

Signed: Jedidiah Murphy Date: 8/24/99

Witness: \_\_\_\_\_ Date: 8/24/99

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

Case 3:10-cv-00163-N Document 42-14 Filed 05/05/10 Page 328 of 548 PageID 8786

NS - Nursing, ED - Teacher/Aide, PA. Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Date	Time	Dept.	Prob.	
8/27/99	1300	MD		pt actively hallucinating. Says voice is taunting him, pulling him down, making fun of him. Visibly shaking & tremulous. Looks very scared. Says ativan doesn't help & nervousness. Will increase Seroquel & change to K lorazepam. <span style="float: right;">Wm Estabrook MD</span>
8/28/99	1545	MD		pt continues to be highly anxious. Just had panic attack in which he saw huge snake on his desk in his room. Staff found him in bathroom on floor in fetal position very frightened. Another problem is that his UDS came back highly positive for amphetamines (UDS done on 8/27/99) He swears he has not taken any pills like he did before hospitalized, since been in hospital. Will run GCS to see what it is. <span style="float: right;">Wm Estabrook MD</span>
8/30/99	1630	MD	25"	pt actively hallucinating. Having strong anxiety attacks. Reporting & significant dx of sex & physical abuse. Reports feels lot of shame & embarrassment about abuse so doesn't talk about it. Struggling & anger & rage surfacing which reminds him of his dad when he doesn't want to be like. Was sitting on floor end of hall holding hands over ears trying to stop/shut out voices. Very unstable at this time. Family found lot of drug paraphernalia in his home but he insists only took diet pills to help & depression/low energy. <span style="float: right;">Wm Estabrook MD</span>





Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

MURPHY JEDIDIAH

12.1.99  
DR ESTER BROOK  
DOB 11/17

Date	Time	Dept.	Prob.	
8/31/99	2100	MD		pt's voices are more intense + more frequent. He reports years of sexual + physical abuse. He reports # of dissociative experiences where he loses time. He'll meet people who know him + he doesn't know them. People will talk to him about an event he + they at but he has no memory of it. He be driving + find himself somewhere + have no idea why or how he got there. Talks about going into violent rages when provoked and he has no memory until he wakes up + handcuffs on. Pt appears to have dissociative disorder - not clear if alters present yet. When Estabrook MD
9-1-99	1745	MD	3"	long hard day. Voices were getting stronger + harassing him. Worked w him on voices. They are starting to communicate w pt + me. one of them told him name was Taylor. Pt having lot of <del>anxiety</del> anxiety. Reports lost about 5 hrs of time today. Will modify meds to see if can help him sleep + decrease voices intensely. When Estabrook MD
9/3/99	1400	MD		pt is getting so upset w his alter tormenting him he feels like bullying himself. Alter appears to be late latency or early adolescence in age. Sees self as in danger. Appears to be constantly ready to fight to protect pt from abuse. I expect pt's <sup>alter</sup> is reliving abuse memories because usually don't understand difference between past + present + memories of past. Alter won't talk w me cause fears I will make him leave, go away. When Estabrook MD



**MULTIDISCIPLINARY**  
0-cv-00163-N Document 42-14 Filed 08/01/14  
**PROGRESS NOTES**

NS -Nursing, ED - Teacher/Aide, PA. Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Date	Time	Dept.	Prob.	
9/7/99	1400	MD		<p>Long talk w pt, + alter Randy (6yo). Pt talking about killing himself because can't <del>let</del> take all of this. Keeps switching so that he is very volatile + unstable. Alters are living in past (early 80's) and thinks abuser Terry is still abusing them, esp. Randy. Not getting much relief from kloropin, so will do trial w Alevan. When Eutroch MD</p>
9/8/99	2030	MD		<p>pt requesting to leave. Says he has done lot of work on himself + his alter's Randy + Tyler. Says he realizes he needs to help them put Terry to rest - that danger is past even though Terry has been released from prison. He says he feels lot better inside + he definitely isn't suicidal. He plans to see John Motley at Van Zandt County Counseling Ctr for therapy and will be followed by psychiatrist thru Tenell MHMA clinic. He also plans to attend AA group + have a sponsor. When Eutroch MD</p>

Record For 8124199

2432115 AP

MURPHY JEDIDIAH

DR ESTABR JK

DOB 1/1/77

**Hygiene & ADL**

11-7 7-3 3-11  
( ) ( ) ( ) Independent

**If functioning not independent:**

**Personal Care Provided**

11-7 7-3 3-11  
( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

**Elimination**

Incont. = I, Void = V, Stool = BM  
11-7 7-3 3-11

Weight: \_\_\_\_\_ (M & Th 3-11)

**Lab Services**

Admit Profile	Drawn	Sent
Blood	_____	_____
Urine	_____	_____

Hr. / T / P / R / BP

Hr. / T / P / R / BP

Hr. / T / P / R / BP

**DX Test/Treatments**

Test Time

Test Time

**Nutritional (Eating)**

7a 12p 5p  
( ) ( ) ( ) Refused Meal  
( ) ( ) ( ) 25%  
( ) ( ) ( ) 50%  
( ) ( ) ( ) 75%  
( ) ( ) ( ) 100%

**Movation Level to Attend**

**Therapy & Activities**

7-3 3-11  
( ) ( ) Self motivated  
( ) ( ) Needs Reminders  
( ) ( ) Frequently Tardy  
( ) ( ) Some Refused\*  
( ) ( ) Refused All\*

**Precautions**

11-7 7-3 3-11  
( ) ( ) ( ) 1:1\*  
( ) ( ) ( ) SP I\*  
( ) ( ) ( ) SP II  
( ) ( ) ( ) EP  
( ) ( ) ( ) Seizure  
( ) ( ) ( ) Detox  
( ) ( ) ( ) R.T.F.  
( ) ( ) ( ) Seclusion\*  
( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

**Intervention**

11-7 7-3 3-11  
( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

**Sleep Pattern**

11-7  
( ) hours uninterrupted  
( ) Out of bed # \_\_\_\_\_ times  
( ) Difficulty Falling to Sleep  
( ) Restless

**Education**

Orientation: Oriented to environment

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

**Medication:** \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

**Disease:** \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

**Coping Skills:** \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

**Education Materials:** \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature & title staff 11-7

Signature & title staff 7-3

Signature & title staff 3-11

Assessment by RN	Behavior	Social	Mood
11-7 7-3 3-11	11-7 7-3 3-11	11-7 7-3 3-11	11-7 7-3 3-11
Affect	( ) ( ) ( ) Impulsive	( ) ( ) ( ) Appropriate	( ) ( ) ( ) Depressed
( ) ( ) ( ) Bright	( ) ( ) ( ) Agitated	( ) ( ) ( ) Withdrawn	( ) ( ) ( ) Elated
( ) ( ) ( ) Flat	( ) ( ) ( ) Uncooperative	( ) ( ) ( ) Attention Seeking	( ) ( ) ( ) Irritable
( ) ( ) ( ) Blunted	( ) ( ) ( ) Self-Destructive	( ) ( ) ( ) Manipulative	( ) ( ) ( ) Anxious
( ) ( ) ( ) Hostile	( ) ( ) ( ) Disorganized	( ) ( ) ( ) Reclusive	( ) ( ) ( ) Angry
( ) ( ) ( ) Apathetic	( ) ( ) ( ) Violent		( ) ( ) ( ) Guilty
( ) ( ) ( ) Restricted	( ) ( ) ( ) Hostile	<b>Physical Status</b>	<b>Alertness</b>
	( ) ( ) ( ) Manipulative	✓ Abnormal findings*	( ) ( ) ( ) Alertness
<b>Thought Process</b>	( ) ( ) ( ) Inappropriate	11-7 7-3 3-11	( ) ( ) ( ) Slight Drowsy
11-7 7-3 3-11	( ) ( ) ( ) Anxious	( ) ( ) ( ) Skin	( ) ( ) ( ) Lethargic
( ) ( ) ( ) Organized	( ) ( ) ( ) Withdrawn	( ) ( ) ( ) Neuro-Muscular	( ) ( ) ( ) Hyper-Alert
( ) ( ) ( ) Preoccupied	( ) ( ) ( ) Restless	( ) ( ) ( ) Cardio-Vascular	
( ) ( ) ( ) Disorganized		( ) ( ) ( ) Respiratory	<b>Insight</b>
( ) ( ) ( ) Concrete	<b>Cognition</b>	( ) ( ) ( ) Gastrointestinal	11-7 7-3 3-11
( ) ( ) ( ) _____	11-7 7-3 3-11	( ) ( ) ( ) Genitourinary	( ) ( ) ( ) Self-Aware
	( ) ( ) ( ) Oriented x 3	( ) ( ) ( ) Seeks Meds	( ) ( ) ( ) Denial
	( ) ( ) ( ) Disoriented	( ) ( ) ( ) Somatic Complaints	( ) ( ) ( ) Some-Insight
11-7 RN	7-3 RN	3-11 RN	



e 3-118-cv-00163-N Document 42-1

**MULTIDISCIPLINARY  
PROGRESS NOTES**

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

**Prob. # 3**

Prob. # 2

**Prob. #4**

Date	Time	Dept.	Prob.
8/24/99	1730	NS	<p>Reg. Assessment as Charted. Body search. Male staff &amp; no contraband found. Flat affect &amp; poor eye contact. Admits to hallucinations of seeing &amp; hearing. (H. states: "I'm scared to death.") Allergy: Insulin. Reassured of safety on unit. Admits to abusing alcoholic beverages since 13<sup>1</sup>/<sub>2</sub> old. Neat, well-dressed M. pt. Admits to participating in dangerous sports: jumping from airplanes &amp; motorcycles. H. ed. &amp; help. Placed on SP II &amp; 215" V's for safety. M. Cunningham lamp. Attended wrap up 0.5 hrs. M. Cunningham</p>



# Therapeutic Recreation Participation Record

MURPHY JEDIDIAH  
DR ESTABROOK  
DOB 1/1/77

Jim Murphy

Group(s) / Time(s)		
<input checked="" type="checkbox"/> Lifestyle Mgt. 1245-215	<input type="checkbox"/> Kinetic Group	<input type="checkbox"/> Rec. Group

## 1. How was group focus related to this patient's treatment plan?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Inability to cope  | <input checked="" type="checkbox"/> Aggressive outbursts            | <input checked="" type="checkbox"/> Difficulties making decisions   |
| <input checked="" type="checkbox"/> Low self esteem    | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process      |
| <input checked="" type="checkbox"/> Impulsive behavior | <input checked="" type="checkbox"/> Inability to express feelings   | <input type="checkbox"/> Unable to complete task without assistance |
| <input checked="" type="checkbox"/> Poor Social Skills | <input checked="" type="checkbox"/> Inability maintain sobriety     | <input type="checkbox"/> Inability to concentrate                   |
| <input type="checkbox"/> Suicidal Ideation's           | <input checked="" type="checkbox"/> Inability to solve problems     | <input type="checkbox"/> Inability to follow instructions           |
| <input type="checkbox"/> Homicidal Ideation's          | <input type="checkbox"/> Abandonment issues                         | <input type="checkbox"/> High level's of anxiety                    |
| <input type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Inability to trust others       |   |

## 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.        | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                        | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.           | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages. | <input checked="" type="checkbox"/> Think more clearly as demonstrated by logical speech.              |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                 | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Suicidal Ideation  | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation            | <input type="checkbox"/> Hostility      |
| <input type="checkbox"/> Somatic complaints | <input type="checkbox"/> Paranoia         | <input checked="" type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input type="checkbox"/> Self defeating     | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization                    | <input type="checkbox"/> Sleeplessness  |
| <input type="checkbox"/> Depressed          | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial                          | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Hiding             | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse                     | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional                      | <input type="checkbox"/> Labile         |
| <input type="checkbox"/> Angry outbursts    | <input type="checkbox"/> Panic            | <input checked="" type="checkbox"/> Anxious              | <input type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |   |                                     |  |  |   |
|---|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> Attentive | <input type="checkbox"/> Supportive | <input type="checkbox"/> Guarded             | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested                    |
| <input type="checkbox"/> Sharing              | <input type="checkbox"/> Intrusive  | <input type="checkbox"/> Resistant           | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize           |
| <input type="checkbox"/> Negative             | <input type="checkbox"/> Defensive  | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> No disclosure | <input checked="" type="checkbox"/> Receptive to feedback |

Pt. affect less depressed today. Seemed mostly able to focus on task, but seemed distracted @ times, possibly responding to internal stimuli. Also seemed extremely anxious @ times.

5. Plan: Cont. TX

STAFF SIGNATURE: David Jordan TRS

DATE: 8/25/99



# Patient Assessment and Activity Record For 8/25/99

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X

## Hygiene & ADL

11-7 7-3 3-11  
(☒) (☒) Independent

930 97.9 72 140/88

12115 AP

ARMY JEDIDIAH Jim

## If functioning not independent: Personal Care Provided

11-7 7-3 3-11  
( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

Hr. / T / P / R / BP

1240 88 141/88

Hr. / T / P / R / BP

2000 96 90 70 134/88

Hr. / T / P / R / BP

## DX Test/Treatments

Test Time

Test Time

## Nutritional (Eating)

7a 12p 5p  
( ) ( ) ( ) Refused Meal  
( ) ( ) ( ) 25%  
( ) ( ) ( ) 50%  
( ) ( ) ( ) 75%  
(☒) (☒) (☒) 100%

## Motivation Level to Attend Therapy & Activities

7-3 3-11  
(☒) (☒) Self motivated  
(☒) (☒) Needs Reminders  
( ) ( ) Frequently Tardy  
( ) ( ) Some Refused\*  
( ) ( ) Refused All\*

## Precautions

11-7 7-3 3-11  
( ) ( ) ( ) 1:1\*  
( ) ( ) ( ) SP I\*  
(☒) (☒) (☒) SP II  
( ) ( ) ( ) EP  
( ) ( ) ( ) Seizure  
(☒) (☒) (☒) Detox  
( ) ( ) ( ) R.T.F.  
( ) ( ) ( ) Seclusion\*  
( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

## Intervention

11-7 7-3 3-11  
( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

## Sleep Pattern

11-7  
(☒) 7 hours uninterrupted  
(☒) Out of bed # 2 times  
( ) Difficulty Falling to Sleep  
( ) Restless

Weight: \_\_\_\_\_ (M & Th 3-11)

## Lab Services

Admit Profile Drawn Sent  
Blood \_\_\_\_\_  
Urine \_\_\_\_\_

Jim  
#116873-0  
#0182-8

## Education

### Orientation:

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

### Medication:

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

### Disease:

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

### Coping Skills:

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

### Education Materials:

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature & title staff 11-7

Signature & title staff 7-3

Signature & title staff 3-11

## Assessment by RN

### Affect

11-7 7-3 3-11  
( ) ( ) ( ) Bright  
( ) ( ) ( ) Flat  
( ) ( ) ( ) Blunted  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Apathetic  
( ) ( ) ( ) Restricted

### Thought Process

11-7 7-3 3-11  
( ) ( ) ( ) Organized  
( ) ( ) ( ) Preoccupied  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Concrete

## Behavior

11-7 7-3 3-11  
( ) ( ) ( ) Impulsive  
( ) ( ) ( ) Agitated  
( ) ( ) ( ) Uncooperative  
( ) ( ) ( ) Self-Destructive  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Violent  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Inappropriate  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Restless

## Cognition

11-7 7-3 3-11  
( ) ( ) ( ) Oriented x 3  
( ) ( ) ( ) Disoriented

## Social

11-7 7-3 3-11  
( ) ( ) ( ) Appropriate  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Attention Seeking  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Reclusive

## Physical Status

☒ Abnormal findings\*  
11-7 7-3 3-11  
( ) ( ) ( ) Skin  
( ) ( ) ( ) Neuro-Muscular  
( ) ( ) ( ) Cardio-Vascular  
( ) ( ) ( ) Respiratory  
( ) ( ) ( ) Gastrointestinal  
( ) ( ) ( ) Genitourinary  
( ) ( ) ( ) Seeks Meds  
( ) ( ) ( ) Somatic Complaints

## Mood

11-7 7-3 3-11  
( ) ( ) ( ) Depressed  
( ) ( ) ( ) Elated  
( ) ( ) ( ) Irritable  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Angry  
( ) ( ) ( ) Guilty

## Alertness

( ) ( ) ( ) Alertness  
( ) ( ) ( ) Slight Drowsy  
( ) ( ) ( ) Lethargic  
( ) ( ) ( ) Hyper-Alert

## Insight

11-7 7-3 3-11  
( ) ( ) ( ) Self-Aware  
( ) ( ) ( ) Denial  
( ) ( ) ( ) Some Insight

11-7 RN K. Dealy

7-3 RN

3-11 RN

McCunne



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

Case 3:10-cv-00163-N Document 42-14 Filed 05/05/10 Page 335 of 548 PageID 8793  
NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

# 1	Psychotic Indication	Prob. # 2
Prob. # 3		Prob. # 4

Date	Time	Dept.	Prob.	
8/24/99	0530	NS		Laying on bed - eyes closed. Resp. even & unlabored @ this time. Remains on SPI, DTX & Q15 min Visual Safety Checks. K. Deely, LV
8/25/99	1100	NS		pt has been in unit & flat affect for eye contact. Attended & participated in O.S. Mrs. Carr, (opie press) study. Not he feels opt. mix. & that he wants to I saw more about his problems on 8/25 Check for SPI - DTX. BJR
8/25/99	1130	CS	1	Group Therapy (1hr): Pt described himself as alcoholic, who has begun to have severe hallucinations which keep him from being able to function. Patient is now in
8/25/99	1600	CS	1	Group Therapy (1hr): Pt. shared & grr @ previous attempt to commit suicide & the affect it had on family. Pt. became angry when other members talked @ desire to harm self. Pt. felt need to make amends & other members at end of grr. Pt. remains at risk due to unresolved issues (familial) which may exacerbate problems. G. Holder MD, LPE
8/25/99	1610	NS		Pt in dayroom. Flat affect, hostile attitude. Making & recvg. Numerous phone calls. Often using profanity & talking loudly abt to verbally abduct. Remains on SPI DTX & Q15 min safety. M. Cunningham







# Therapeutic Recreation Participation Record

2432115 AP

MURPHY JEDIDIAH

## Group(s) / Time(s)

Lifestyle Mgt. 1245-215

Kinetic Group

4-5

Rec. Group

6-7

## 1. How was group focus related to this patient's treatment plan?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Inability to cope             | <input checked="" type="checkbox"/> Aggressive outbursts            | <input checked="" type="checkbox"/> Difficulties making decisions   |
| <input checked="" type="checkbox"/> Low self esteem    | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process      |
| <input checked="" type="checkbox"/> Impulsive behavior | <input checked="" type="checkbox"/> Inability to express feelings   | <input type="checkbox"/> Unable to complete task without assistance |
| <input checked="" type="checkbox"/> Poor Social Skills | <input checked="" type="checkbox"/> Inability maintain sobriety     | <input type="checkbox"/> Inability to concentrate                   |
| <input type="checkbox"/> Suicidal Ideation's           | <input checked="" type="checkbox"/> Inability to solve problems     | <input type="checkbox"/> Inability to follow instructions           |
| <input type="checkbox"/> Homicidal Ideation's          | <input checked="" type="checkbox"/> Abandonment issues              | <input type="checkbox"/> High level's of anxiety                    |
| <input type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Inability to trust others       |   |

## 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.        | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                        | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.           | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages. | <input checked="" type="checkbox"/> Think more clearly as demonstrated by logical, speech.             |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                 | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Suicidal Ideation    | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation | <input type="checkbox"/> Hostility      |
| <input type="checkbox"/> Somatic complaints   | <input type="checkbox"/> Paranoia         | <input type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input type="checkbox"/> Self defeating       | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization         | <input type="checkbox"/> Sleeplessness  |
| <input checked="" type="checkbox"/> Depressed | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial               | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Hiding               | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse          | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation   | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional           | <input type="checkbox"/> Labile         |
| <input type="checkbox"/> Angry outbursts      | <input type="checkbox"/> Panic            | <input checked="" type="checkbox"/> Anxious   | <input type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |                                    |                                     |   |  |   |
|------------------------------------|-------------------------------------|---|--|---|
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Supportive | <input checked="" type="checkbox"/> Guarded | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested          |
| <input type="checkbox"/> Sharing   | <input type="checkbox"/> Intrusive  | <input type="checkbox"/> Resistant          | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize |
| <input type="checkbox"/> Negative  | <input type="checkbox"/> Defensive  | <input type="checkbox"/> Positive           | <input type="checkbox"/> No disclosure | <input type="checkbox"/> Receptive to feedback  |

pt affect depressed, pt was guarded, pt appeared to get easily frustrated + agitated

## 5. Plan:

Cont tk

STAFF SIGNATURE:

V Backhat, CR

DATE: 8/26/99

# Patient Assessment and Activity Record For 8/26/99

Murphy JEDIDIAH "Jim"

## Hygiene & ADL

11-7 7-3 3-11

( ) ( ) ( ) Independent

Hr. / T / P / R / BP

## If functioning not independent:

### Personal Care Provided

11-7 7-3 3-11

( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

## Elimination

Incont. = I, Void = V, Stool = BM

11-7

7-3

3-11

Weight: \_\_\_\_\_ (M & Th 3-11)

## Lab Services

Admit Profile

Drawn

Sent

Blood

Urine

Hr. / T / P / R / BP

12/10 99.4 40 10 134

Hr. / T / P / R / BP

99.3 80 70 138

Hr. / T / P / R / BP

99.3 90 70 132

DX Test/Treatments

Test Time

Test Time

Test Time

Test Time

Test Time

Test Time

Test Time

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## Motivation Level to Attend

### Therapy & Activities

7-3 3-11

( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

## Precautions

11-7 7-3 3-11

( ) ( ) ( ) L1\*  
( ) ( ) ( ) SP I\*  
( ) ( ) ( ) SP II  
( ) ( ) ( ) E.P.

( ) ( ) ( ) Seizure

( ) ( ) ( ) Detox

( ) ( ) ( ) R.T.F.

( ) ( ) ( ) Seclusion\*

( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

## Intervention

11-7 7-3 3-11

( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

## Sleep Pattern

11-7

( ) ( ) ( ) hours uninterrupted

( ) ( ) ( ) Out of bed # \_\_\_\_\_ times

( ) ( ) ( ) Difficulty Falling to Sleep

( ) ( ) ( ) Restless

## Education

### Orientation:

☐ Patient ☐ Family Significant/Other:

### Medication:

☐ Patient ☐ Family Significant/Other:

### Disease:

☐ Patient ☐ Family Significant/Other:

### Coping Skills:

☐ Patient ☐ Family Significant/Other:

### Education Materials:

☐ Patient ☐ Family Significant/Other:

Signature & title staff 11-7

Signature & title staff 7-3

Signature & title staff 3-11

## Assessment

### by RN

#### Affect

11-7 7-3 3-11

( ) ( ) ( ) Bright  
( ) ( ) ( ) Flat  
( ) ( ) ( ) Blunted  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Apathetic  
( ) ( ) ( ) Restricted

#### Thought Process

11-7 7-3 3-11

( ) ( ) ( ) Organized  
( ) ( ) ( ) Preoccupied  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Concrete

## Behavior

11-7 7-3 3-11

( ) ( ) ( ) Impulsive  
( ) ( ) ( ) Agitated  
( ) ( ) ( ) Uncooperative  
( ) ( ) ( ) Self-Destructive  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Violent  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Inappropriate  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Restless

## Cognition

11-7 7-3 3-11

( ) ( ) ( ) Oriented x 3  
( ) ( ) ( ) Oriented

## Social

11-7 7-3 3-11

( ) ( ) ( ) Appropriate  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Attention Seeking  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Reclusive

## Physical Status

✓ Abnormal findings\*

11-7 7-3 3-11

( ) ( ) ( ) Skin  
( ) ( ) ( ) Neuro-Muscular  
( ) ( ) ( ) Cardio-Vascular  
( ) ( ) ( ) Respiratory  
( ) ( ) ( ) Gastrointestinal  
( ) ( ) ( ) Genitourinary  
( ) ( ) ( ) Seeks Meds  
( ) ( ) ( ) Somatic Complaints

## Mood

11-7 7-3 3-11

( ) ( ) ( ) Depressed  
( ) ( ) ( ) Elated  
( ) ( ) ( ) Irritable  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Angry  
( ) ( ) ( ) Guilty

## Alertness

11-7 7-3 3-11

( ) ( ) ( ) Alertness  
( ) ( ) ( ) Slight Drowsy  
( ) ( ) ( ) Lethargic  
( ) ( ) ( ) Hyper-Alert

## Insight

11-7 7-3 3-11

( ) ( ) ( ) Self-Aware  
( ) ( ) ( ) Denial  
( ) ( ) ( ) Some Insight

11-7 RN

7-3 RN

3-11 RN



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Psychotic & Indications				Prob. # 2
Prob. # 3				Prob. # 4

Date	Time	Dept.	Prob.	
8/26/99	5:40	NS		Slept soundly, 5 distress, no problems / changes noted, cont SP, II precautions and Detox therapy, Q 15' visual checks continued R. Bell RN
8/26/99	11:00	NS		pt has been 2nd visit to pt office - from eye contact. states that he feels better today. attended & participated in OT as well as Gp & X ut got upset today. Continue the program on 7 15' checks p SED - Detox. BGR
8/26/99	11:30	CS	1	Group therapy (1hr): Pt is extremely ambivalent about his estranged wife, one minute saying he wants nothing more to do w her. the next, saying he can't stand losing her & wants family therapy. Pat White LMSW-RCP
	1600			In pm session (1hr): Pt discussed being confronted by his AA sponsor & has decided that he will not contact his ex-wife, "She is nothing but trouble." Pt to have a family session w his mother on 8/28/99. Pat White LMSW-RCP
8/26/99	2030	NS		attended wrap up 0.5 hrs. Remains on SP, II precautions / safety. M. Cunningham



# Therapeutic Recreation Participation Record

2422115 AP

 MURPHY JEDIDIAH  
 1/24/99  
 DR ESTABROOK  
 DOB 07/01/73

Jim

☒ Lifestyle Mgt. 1245-215
☒ Group(s) / Time(s) 4-5
☐ Kinetic Group 4-5
☐ Rec. Group \_\_\_\_\_

## 1. How was group focus related to this patient's treatment plan?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Inability to cope  | <input type="checkbox"/> Aggressive outbursts                       | <input checked="" type="checkbox"/> Difficulties making decisions   |
| <input checked="" type="checkbox"/> Low self esteem    | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process      |
| <input checked="" type="checkbox"/> Impulsive behavior | <input checked="" type="checkbox"/> Inability to express feelings   | <input type="checkbox"/> Unable to complete task without assistance |
| <input type="checkbox"/> Poor Social Skills            | <input checked="" type="checkbox"/> Inability maintain sobriety     | <input type="checkbox"/> Inability to concentrate                   |
| <input type="checkbox"/> Suicidal Ideation's           | <input checked="" type="checkbox"/> Inability to solve problems     | <input type="checkbox"/> Inability to follow instructions           |
| <input type="checkbox"/> Homicidal Ideation's          | <input type="checkbox"/> Abandonment issues                         | <input type="checkbox"/> High level's of anxiety                    |
| <input type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Inability to trust others       |   |

## 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.        | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                        | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.           | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages. | <input checked="" type="checkbox"/> Think more clearly as demonstrated by logical, speech.             |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                 | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Suicidal Ideation  | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation | <input type="checkbox"/> Hostility      |
| <input type="checkbox"/> Somatic complaints | <input type="checkbox"/> Paranoia         | <input type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input type="checkbox"/> Self defeating     | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization         | <input type="checkbox"/> Sleeplessness  |
| <input type="checkbox"/> Depressed          | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial               | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Hiding             | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse          | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional           | <input type="checkbox"/> Labile         |
| <input type="checkbox"/> Angry outbursts    | <input type="checkbox"/> Panic            | <input checked="" type="checkbox"/> Anxious   | <input type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |   |  |  |  |   |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Attentive | <input checked="" type="checkbox"/> Supportive | <input type="checkbox"/> Guarded             | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested                    |
| <input type="checkbox"/> Sharing              | <input type="checkbox"/> Intrusive             | <input type="checkbox"/> Resistant           | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize           |
| <input type="checkbox"/> Negative             | <input checked="" type="checkbox"/> Defensive  | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> No disclosure | <input checked="" type="checkbox"/> Receptive to feedback |

Pt. affect brighter today. ↑ socializing w staff and peers.  
 Appears to be less depressed and verbalized feeling much more  
 stable. Participated & involved in all group activities. Progress noted.

5. Plan: cont. TX

STAFF SIGNATURE: David Jacob IRS

DATE: 8/27/99



Record For 8/12/199

2432115 AP

MURPHY JEDIDIAH *Jin*

11/24/99

DR ESTABROOK

DOB 01/01/75

## Hygiene &amp; ADL

11-7 7-3 3-11

( ) ( ) ( ) Independent

0844 983 88 18 <sup>124</sup>/<sub>80</sub>

Hr. / T / P / R / BP

If functioning not independent:

## Personal Care Provided

11-7 7-3 3-11

( ) ( ) ( ) Bed Bath  
 ( ) ( ) ( ) Partial Bath  
 ( ) ( ) ( ) Shower  
 ( ) ( ) ( ) A.M. Care  
 ( ) ( ) ( ) P.M. Care

125 - 88 18 <sup>124</sup>/<sub>80</sub>

Hr. / T / P / R / BP

1600 978 88 20 <sup>124</sup>/<sub>80</sub>

Hr. / T / P / R / BP

2000 - 84 20 <sup>120</sup>/<sub>80</sub>

DX Test/Treatments

## Elimination

Incont. = I, Void = V, Stool = BM

11-7 7-3 3-11

Test Time

Test Time

Weight: \_\_\_\_\_ (M &amp; Th 3-11)

## Lab Services

Admit Profile

Blood 4 Drawn SentUrine UDS

## Nutritional (Eating)

7a 12p 5p

( ) ( ) ( ) Refused Meal

( ) ( ) ( ) 25%

( ) ( ) ( ) 50%

( ) ( ) ( ) 75%

( ) ( ) ( ) 100%

## Motivation Level to Attend

## Therapy &amp; Activities

7-3 3-11

( ) ( ) ( ) Self motivated  
 ( ) ( ) ( ) Needs Reminders  
 ( ) ( ) ( ) Frequently Tardy  
 ( ) ( ) ( ) Some Refused\*  
 ( ) ( ) ( ) Refused All\*

## Precautions

11-7 7-3 3-11

( ) ( ) ( ) 1:1

( ) ( ) ( ) SPI\*

( ) ( ) ( ) SP II

( ) ( ) ( ) EP

( ) ( ) ( ) Seizure

( ) ( ) ( ) Detox

( ) ( ) ( ) R.T.F.

( ) ( ) ( ) Seclusion\*

( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

## Intervention

11-7 7-3 3-11

( ) ( ) ( ) Clarification  
 ( ) ( ) ( ) Limit-Setting  
 ( ) ( ) ( ) Confirmation  
 ( ) ( ) ( ) Problem Solving  
 ( ) ( ) ( ) Socialization  
 ( ) ( ) ( ) Role Playing  
 ( ) ( ) ( ) Orientation  
 ( ) ( ) ( ) Activity  
 ( ) ( ) ( ) Education  
 ( ) ( ) ( ) Journaling  
 ( ) ( ) ( ) Re-Directing  
 ( ) ( ) ( ) Support

## Sleep Pattern

11-7

( ) 7 hours uninterrupted( ) Out of bed # 0 times

( ) Difficulty Falling to Sleep

( ) Restless

## Education

Orientation: \_\_\_\_\_

□ Patient □ Family Significant/Other: \_\_\_\_\_

Medication: \_\_\_\_\_

□ Patient □ Family Significant/Other: \_\_\_\_\_

Disease: \_\_\_\_\_

□ Patient □ Family Significant/Other: \_\_\_\_\_

Coping Skills: \_\_\_\_\_

□ Patient □ Family Significant/Other: \_\_\_\_\_

Education Materials: \_\_\_\_\_

□ Patient □ Family Significant/Other: \_\_\_\_\_

Signature &amp; title staff 11-7

Signature &amp; title staff 7-3

Signature &amp; title staff 3-11

Assessment  
by RN

## Affect

11-7 7-3 3-11

( ) ( ) ( ) Bright  
 ( ) ( ) ( ) Flat  
 ( ) ( ) ( ) Blunted  
 ( ) ( ) ( ) Hostile  
 ( ) ( ) ( ) Apathetic  
 ( ) ( ) ( ) Restricted

## Thought Process

11-7 7-3 3-11

( ) ( ) ( ) Organized  
 ( ) ( ) ( ) Preoccupied  
 ( ) ( ) ( ) Disorganized  
 ( ) ( ) ( ) Concrete

## Behavior

11-7 7-3 3-11

( ) ( ) ( ) Impulsive  
 ( ) ( ) ( ) Agitated  
 ( ) ( ) ( ) Uncooperative  
 ( ) ( ) ( ) Self-Destructive  
 ( ) ( ) ( ) Disorganized  
 ( ) ( ) ( ) Violent  
 ( ) ( ) ( ) Hostile  
 ( ) ( ) ( ) Manipulative  
 ( ) ( ) ( ) Inappropriate  
 ( ) ( ) ( ) Anxious  
 ( ) ( ) ( ) Withdrawn  
 ( ) ( ) ( ) Restless

## Cognition

11-7 7-3 3-11

( ) ( ) ( ) Oriented x 3  
 ( ) ( ) ( ) Disoriented

## Social

11-7 7-3 3-11

( ) ( ) ( ) Appropriate  
 ( ) ( ) ( ) Withdrawn  
 ( ) ( ) ( ) Attention Seeking  
 ( ) ( ) ( ) Manipulative  
 ( ) ( ) ( ) Reclusive

## Physical Status

✓ Abnormal findings\*

11-7 7-3 3-11

( ) ( ) ( ) Skin  
 ( ) ( ) ( ) Neuro-Muscular  
 ( ) ( ) ( ) Cardio-Vascular  
 ( ) ( ) ( ) Respiratory  
 ( ) ( ) ( ) Gastrointestinal  
 ( ) ( ) ( ) Genitourinary  
 ( ) ( ) ( ) Seeks Meds  
 ( ) ( ) ( ) Somatic Complaints

## Mood

11-7 7-3 3-11

( ) ( ) ( ) Depressed  
 ( ) ( ) ( ) Elated  
 ( ) ( ) ( ) Irritable  
 ( ) ( ) ( ) Anxious  
 ( ) ( ) ( ) Angry  
 ( ) ( ) ( ) Guilty

## Alertness

( ) ( ) ( ) Alertness

( ) ( ) ( ) Slight Drowsy

( ) ( ) ( ) Lethargic

( ) ( ) ( ) Hyper-Alert

## Insight

11-7 7-3 3-11

( ) ( ) ( ) Self-Aware  
 ( ) ( ) ( ) Denial  
 ( ) ( ) ( ) Some Insight

11-7 RN *K. Derby RN*7-3 RN *[Signature]*3-11 RN *[Signature]*



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

1	Psychiatric Indications	Prob. # 2
Prob. # 3		Prob. # 4

Date	Time	Dept.	Prob.	
8/27/88	0559	NS		Laying on bed - eyes closed. Resp. even & unlabored @ this time. Remains on SP II, NTX + Q15 min Visual Safety Checks K. Donly Rn
8/27/88	1045	NS		pt has been seen with unit to flat affect - from eye contact. pt has been interested to please today. Attended & participated in bed U.S. Group. GRC peer states that he feels happy & that he wants to talk more about his problem on p 75 checks for SP II - Detox BGR
8/27/88	1345	NS		pt Cb Anxiety & PAUC. pt spoke to Dr. Estame orders received. On p 75 checks for SP II - Detox. BGR
8/27/88	1543	NS		pt states as he goes into group that he is feeling better now - not so much anxiety. BGR
7-99	1610	CS	1	Groupther 2hr. Pt was very much active - showing & attending. He seems to have a good attitude but still a little distant from the reality of his addiction. LCK hours, etc
8/27/88	2100	NS		Attended wrapup 0.5 hrs Remains on SP II / NTX + Q15 min V's for safety. M. Cunningham Rn



Patient Assessment and Activity  
Record For 8/28/99

2432115 AP

MURPHY JEDIDIAH *Jih*  
3/24/99  
DR ESTABROOK  
DOB 3/31/77

SATURDAY OR SUNDAY

## Hygiene &amp; ADL

11-7 7-7 7-11

( ) ( ) ( ) Independent

0900 98<sup>3</sup> 100 20 138<sup>5</sup>  
Hr. / T / P / R / BP

If functioning not independent:

## Personal Care Provided

11-7 7-7 7-11

( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care1230 - 88 20 101<sup>5</sup>  
Hr. / T / P / R / BP1700 - 84 20 104<sup>5</sup>  
Hr. / T / P / R / BP1800 - 86 20 104<sup>5</sup>  
DX Test/Treatments

## Elimination

Incont. = I, Void = V, Stool = BM

11-7 7-7 7-11

Test Time

Weight: \_\_\_\_\_ (M &amp; Th 3-11)

## Lab Services

Admit Profile Drawn Sent

Blood \_\_\_\_\_

Urine \_\_\_\_\_

## Nutritional (Eating)

7a 12p 5p

( ) ( ) ( ) Refused Meal

( ) ( ) ( ) 25%

( ) ( ) ( ) 50%

( ) ( ) ( ) 75%

( ) ( ) ( ) 100%

## Motivation Level to Attend

## Therapy &amp; Activities

7-7 7-11

( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

## Precautions

11-7 7-7 7-11

( ) ( ) ( ) 1:1\*

( ) ( ) ( ) SP I\*

( ) ( ) ( ) SP II

( ) ( ) ( ) EP

( ) ( ) ( ) Seizure

( ) ( ) ( ) Detox

( ) ( ) ( ) R.T.F.

( ) ( ) ( ) Seclusion\*

( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

## Intervention

11-7 7-7 7-11

( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

## Sleep Pattern

11-7

( ) ( ) ( ) hours uninterrupted

( ) ( ) ( ) Out of bed # 0 times

( ) ( ) ( ) Difficulty Falling to Sleep

( ) ( ) ( ) Restless

## Education

Orientation: \_\_\_\_\_

□ Patient □ Family Significant/Other: \_\_\_\_\_

Medication: \_\_\_\_\_

□ Patient □ Family Significant/Other: \_\_\_\_\_

Disease: \_\_\_\_\_

□ Patient □ Family Significant/Other: \_\_\_\_\_

Coping Skills: \_\_\_\_\_

□ Patient □ Family Significant/Other: \_\_\_\_\_

Education Materials: \_\_\_\_\_

□ Patient □ Family Significant/Other: \_\_\_\_\_

Signature &amp; title staff 11-7

Signature &amp; title staff 7-7

Signature &amp; title staff 7-11

## Assessment

by RN

## Affect

11-7 7-7 7-11

( ) ( ) ( ) Bright  
( ) ( ) ( ) Flat  
( ) ( ) ( ) Blunted  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Apathetic  
( ) ( ) ( ) Restricted

## Thought Process

11-7 7-7 7-11

( ) ( ) ( ) Organized  
( ) ( ) ( ) Preoccupied  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Concrete

## Behavior

11-7 7-7 7-11

( ) ( ) ( ) Impulsive  
( ) ( ) ( ) Agitated  
( ) ( ) ( ) Uncooperative  
( ) ( ) ( ) Self-Destructive  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Violent  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Inappropriate  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Restless

## Cognition

11-7 7-7 7-11

( ) ( ) ( ) Oriented x 3  
( ) ( ) ( ) Disoriented

## Social

11-7 7-7 7-11

( ) ( ) ( ) Appropriate  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Attention Seeking  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Reclusive

## Physical Status

✓ Abnormal findings\*

11-7 7-7 7-11

( ) ( ) ( ) Skin  
( ) ( ) ( ) Neuro-Muscular  
( ) ( ) ( ) Cardio-Vascular  
( ) ( ) ( ) Respiratory  
( ) ( ) ( ) Gastrointestinal  
( ) ( ) ( ) Genitourinary  
( ) ( ) ( ) Seeks Meds  
( ) ( ) ( ) Somatic Complaints

## Mood

11-7 7-7 7-11

( ) ( ) ( ) Depressed  
( ) ( ) ( ) Elated  
( ) ( ) ( ) Irritable  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Angry  
( ) ( ) ( ) Guilty

## Alertness

11-7 7-7 7-11

( ) ( ) ( ) Alertness  
( ) ( ) ( ) Slight Drowsy  
( ) ( ) ( ) Lethargic  
( ) ( ) ( ) Hyper-Alert

## Insight

11-7 7-7 7-11

( ) ( ) ( ) Self-Aware  
( ) ( ) ( ) Denial  
( ) ( ) ( ) Some Insight

11-7 RN

*J. McCamden*

7-7 RN

*M. Cunningham*

7-11 RN

*M. Holden*

11-7 Pt. sleeping - no harm. - JMC

Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

 NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
 DS - Dietary Services, PS - Psychological Services,  
 CS - Clinical Staff (S.W. & Therapist) MD - Physician

Prob. # 1	Psychotic Indications	Prob. # 2
Prob. # 3		Prob. # 4

Date	Time	Dept.	Prob.	
8/28/99	0530	NSG		Pt. asleep on couch in day room @ shift onset. Awoke @ 2330 & moved to bed. Very drowsy & returned immediately to sleep. Pt. has slept throughout the night undisturbed. Respirations even & unlabored. Remains on Q15 minute vital checks for SPII & DTX. J.M. Cramer
8/28/99	0900	NS		Attended goals group 0.5 hrs. Goal is to pay more attention & interact in group activities more today. Remains on Q15 DTX @ 915 V's for safety. Quiet, flat affect, fair eye contact. M. Cunningham
8/28/99	1130	CS	1	Group therapy (hr). Pt appeared nervous & hypervigilant. Seems angry at his family for not coming to therapy. Declined invitation to discuss his issues. P. K. L. M. Cramer
8/28/99	1430	NS		While Q15 V's being made, pt. was found lying under his sink in bathroom, on floor, head covered w/ pillow. Pt's eyes darting about room, pinpoint pupils, facial frowning. States, "I'm scared to death. There's a big snake - no a huge snake on my desk. I tried to come get help, but I couldn't make it." Verbal reassurance of safety. Staff remained w/ pt until anxiety level ↓ Cont'd

**Glen Oaks  
Hospital**

2102115 AP

MURPHY JEDIDIAH-

DR. ESTHER J. R. J. K.

0 3 3 1 1 1 1 1 1 1

FORM #G06065



Glen Oaks Hospital

# Therapeutic Recreation Participation Record

Jim

0000115 AP

MURPHY JEDIDIAH

1/24/99

OR ESTABROOK

DOB 1/1/1977

Lifestyle Mgt. \_\_\_\_\_

Group(s) / Time(s)

Kinetic Group

6-7

Rec. Group \_\_\_\_\_

## 1. How was group focus related to this patient's treatment plan?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Inability to cope  | <input type="checkbox"/> Aggressive outbursts                       | <input type="checkbox"/> Difficulties making decisions              |
| <input checked="" type="checkbox"/> Low self esteem    | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process      |
| <input checked="" type="checkbox"/> Impulsive behavior | <input checked="" type="checkbox"/> Inability to express feelings   | <input type="checkbox"/> Unable to complete task without assistance |
| <input checked="" type="checkbox"/> Poor Social Skills | <input type="checkbox"/> Inability maintain sobriety                | <input type="checkbox"/> Inability to concentrate                   |
| <input type="checkbox"/> Suicidal Ideation's           | <input checked="" type="checkbox"/> Inability to solve problems     | <input type="checkbox"/> Inability to follow instructions           |
| <input type="checkbox"/> Homicidal Ideation's          | <input type="checkbox"/> Abandonment issues                         | <input type="checkbox"/> High level's of anxiety                    |
| <input type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Inability to trust others       |   |

## 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.        | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                        | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.           | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages. | <input checked="" type="checkbox"/> Think more clearly as demonstrated by logical speech.              |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                 | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Suicidal Ideation  | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation            | <input type="checkbox"/> Hostility                |
| <input type="checkbox"/> Somatic complaints | <input type="checkbox"/> Paranoia         | <input checked="" type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats                  |
| <input type="checkbox"/> Self defeating     | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization                    | <input type="checkbox"/> Sleeplessness            |
| <input type="checkbox"/> Depressed          | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial                          | <input type="checkbox"/> Disorientation           |
| <input type="checkbox"/> Hiding             | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse                     | <input checked="" type="checkbox"/> Hallucinating |
| <input type="checkbox"/> Homicidal Ideation | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional                      | <input type="checkbox"/> Labile                   |
| <input type="checkbox"/> Angry outbursts    | <input type="checkbox"/> Panic            | <input checked="" type="checkbox"/> Anxious              | <input type="checkbox"/> Other: _____             |

## 4. Patient response / staff assessment:

- |   |  |  |  |   |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Attentive | <input checked="" type="checkbox"/> Supportive | <input type="checkbox"/> Guarded             | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested          |
| <input type="checkbox"/> Sharing              | <input type="checkbox"/> Intrusive             | <input type="checkbox"/> Resistant           | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize |
| <input type="checkbox"/> Negative             | <input type="checkbox"/> Defensive             | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> No disclosure | <input type="checkbox"/> Receptive to feedback  |

Pt. affect ↓ depressed Today. Participated in kin activities. Supportive of peers. Reported psychotic episode/hallucinations earlier in the day & verbalized feeling better. Social skills seem to be improving. Progress noted.

5. Plan: cont. TX

STAFF SIGNATURE: David J. TPK

DATE: 8/28/99

# Patient Assessment and Activity Record For 8/29/99

SATURDAY OR SUNDAY

## Hygiene & ADL

11-7 7-7 7-11  
( ) ( ) ( ) Independent

## If functioning not independent:

### Personal Care Provided

11-7 7-7 7-11  
( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

## Elimination

Incont. = I, Void = V, Stool = BM  
11-7 7-7 7-11

Weight: \_\_\_\_\_ (M & Th 3-11)

## Lab Services

Admit Profile Drawn Sent  
Blood \_\_\_\_\_  
Urine \_\_\_\_\_

Hr. / T / P / R / BP

1350 - 84 18 112  
Hr. / T / P / R / BP

1800 76 18 156  
Hr. / T / P / R / BP

2200 98 20 158/90  
DX Test/Treatments

Test Time

Test Time

## Nutritional (Eating)

7a 12p 5p  
( ) ( ) ( ) Refused Meal  
( ) ( ) ( ) 25%  
( ) ( ) ( ) 50%  
( ) ( ) ( ) 75%  
( ) ( ) ( ) 100%

2402115 AP  
MURPHY JEDIDIAH  
5/24/99  
DR ESTABROOK  
DOB 3/10/75

## Motivation Level to Attend

### Therapy & Activities

7-7 7-11  
( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

## Precautions

11-7 7-7 7-11  
( ) ( ) ( ) 1:1\*  
( ) ( ) ( ) SPI\*  
( ) ( ) ( ) SPII  
( ) ( ) ( ) EP  
( ) ( ) ( ) Seizure  
( ) ( ) ( ) Detox  
( ) ( ) ( ) R.T.F.  
( ) ( ) ( ) Seclusion\*  
( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

## Intervention

11-7 7-7 7-11  
( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

## Sleep Pattern

11-7 8 hours uninterrupted  
( ) Out of bed # 12 times  
( ) Difficulty Falling to Sleep  
( ) Restless

## Education

Orientation: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Medication: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Disease: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Coping Skills: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Education Materials: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature & title staff 11-7

Signature & title staff 7-7

Signature & title staff 7-11

## Assessment

by RN

Affect  
11-7 7-7 7-11

( ) ( ) ( ) Bright  
( ) ( ) ( ) Flat  
( ) ( ) ( ) Blunted  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Apathetic  
( ) ( ) ( ) Restricted

## Thought Process

11-7 7-7 7-11

( ) ( ) ( ) Organized  
( ) ( ) ( ) Preoccupied  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Concrete

## Behavior

11-7 7-7 7-11

( ) ( ) ( ) Impulsive  
( ) ( ) ( ) Agitated  
( ) ( ) ( ) Uncooperative  
( ) ( ) ( ) Self-Destructive  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Violent  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Inappropriate  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Restless

## Cognition

11-7 7-7 7-11

( ) ( ) ( ) Oriented x 3  
( ) ( ) ( ) Disoriented

## Social

11-7 7-7 7-11

( ) ( ) ( ) Appropriate  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Attention Seeking  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Reclusive

## Physical Status

✓ Abnormal findings\*

11-7 7-7 7-11

( ) ( ) ( ) Skin  
( ) ( ) ( ) Neuro-Muscular  
( ) ( ) ( ) Cardio-Vascular  
( ) ( ) ( ) Respiratory  
( ) ( ) ( ) Gastrointestinal  
( ) ( ) ( ) Genitourinary  
( ) ( ) ( ) Seeks Meds  
( ) ( ) ( ) Somatic Complaints

## Mood

11-7 7-7 7-11

( ) ( ) ( ) Depressed  
( ) ( ) ( ) Elated  
( ) ( ) ( ) Irritable  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Angry  
( ) ( ) ( ) Guilty

## Alertness

( ) ( ) ( ) Alertness  
( ) ( ) ( ) Slight Drowsy  
( ) ( ) ( ) Lethargic  
( ) ( ) ( ) Hyper-Alert

## Insight

11-7 7-7 7-11

( ) ( ) ( ) Self-Aware  
( ) ( ) ( ) Denial  
( ) ( ) ( ) Some Insight

11-7 RN

7-7 RN

7-11 RN

Pt. sleeping, unable to assess - LR





# **MULTIDISCIPLINARY PROGRESS NOTES**

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Prob. # 1 MD - Severe hallucinations Prob. # 2  
Prob. # 3 Prob. # 4

Date	Time	Dept.	Prob.	
8/29/99	12:30	NS		Remains in room. Resp even + unclouded. No r/sx distress. Lying on bed. Remains on SP11. Detox proc = Q 15 min. Visual. v/s for safety. - J. Rockow.
8/29/99	0930	NS		On SP11 & detox = q 15 min checks for safety. Attended goals 0.5 hrs. goal today is to go to visitation & talk to sponsor. Affect flat, anxious, withdrawn depressed downy. - M Holden RN -
8/29/99	1330	NS		Pt. went into group therapy room; quickly left & paced hallway. Staff quickly responded & talked to pt. Enc. Verbalization. Pt. presents with flat affect, anxious attitude, wide eye. & states "I'm afraid." Verbal reassurance given & safety. Staff remained w/ pt. as POC contacted & 1 X New Rx rec'd for Lonoxipr which was noted & given as ordered. Pt. verbalized that he will stay in the dayroom close to staff for support & he will report A/V hallucinations. Remains on AP11/12/13/14/15 "v/s for safety." M. Cunningham RN
8/29/99	1400	NS		Pt. standing in dayroom looking intently at plant. States he hears "Hissing." Verbal reassurance & safety. Will cont. to monitor. Remains on AP11/12/13/14/15 "v/s for safety." M. Cunningham RN

**Glen Oaks  
Hospital**

2402115 A P

MURPHY JEDIDIAH  
1912  
OR ESTABROOK  
DOB 1912

Date	Time	Dept.	Prob.	
8/29/77	1130	CS	1	<p>Group Therapy (1 hr): Pt reported extreme anxiety. He is beginning to develop an insight that his hallucinations may be triggered by panic attacks, which appear to be precipitated by rage. In PM session (1 hr): Pt discussed his abuse in childhood. He described his father as a violently rageful alcoholic. "I watched him beat my mother every day &amp; then I started having problems being violent. I don't just get angry, I explode &amp; want to hurt someone". Pt began to experience extreme anxiety &amp; bolted out of the session.</p> <p>Pat White 1 MBW-ACR</p>
8/29/77	5100	NG	1	<p>Pt attended OSH wrap-up group. He had 1 episode of rage &amp; screaming a phone call that he plan to return the doctor that he was leaving the house but was unable to do so by going to a staff level. Dr. White. He stated that he plans to drop the group. He knows a SP-2, doctor, recognition &amp; 1 MD. Please for Pt safety. JH</p>





## Therapeutic Recreation

## Participation

## Record

MURPHY JEDIDIAH

11/1/77

DR E. H. B. J. K.

D.D.S.

## Group(s) / Time(s)

Lifestyle Mgt.

Kinetic Group

200-300

Rec. Group

## 1. How was group focus related to this patient's treatment plan?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Inability to cope  | <input type="checkbox"/> Aggressive outbursts                       | <input checked="" type="checkbox"/> Difficulties making decisions   |
| <input checked="" type="checkbox"/> Low self esteem    | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process      |
| <input checked="" type="checkbox"/> Impulsive behavior | <input checked="" type="checkbox"/> Inability to express feelings   | <input type="checkbox"/> Unable to complete task without assistance |
| <input checked="" type="checkbox"/> Poor Social Skills | <input type="checkbox"/> Inability maintain sobriety                | <input type="checkbox"/> Inability to concentrate                   |
| <input type="checkbox"/> Suicidal Ideation's           | <input checked="" type="checkbox"/> Inability to solve problems     | <input type="checkbox"/> Inability to follow instructions           |
| <input type="checkbox"/> Homicidal Ideation's          | <input type="checkbox"/> Abandonment issues                         | <input type="checkbox"/> High level's of anxiety                    |
| <input type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Inability to trust others       |   |

## 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.        | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                        | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.           | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages. | <input checked="" type="checkbox"/> Think more clearly as demonstrated by logical speech.              |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                 | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Suicidal Ideation          | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation | <input type="checkbox"/> Hostility      |
| <input type="checkbox"/> Somatic complaints         | <input type="checkbox"/> Paranoia         | <input type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input checked="" type="checkbox"/> Self defeating  | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization         | <input type="checkbox"/> Sleeplessness  |
| <input checked="" type="checkbox"/> Depressed       | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial               | <input type="checkbox"/> Disorientation |
| <input checked="" type="checkbox"/> Angry           | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse          | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation         | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional           | <input type="checkbox"/> Labile         |
| <input checked="" type="checkbox"/> Angry outbursts | <input type="checkbox"/> Panic            | <input type="checkbox"/> Anxious              | <input type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |  |                                     |   |  |   |
|--|-------------------------------------|---|--|---|
| <input type="checkbox"/> Attentive           | <input type="checkbox"/> Supportive | <input type="checkbox"/> Guarded              | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested          |
| <input type="checkbox"/> Sharing             | <input type="checkbox"/> Intrusive  | <input checked="" type="checkbox"/> Resistant | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize |
| <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> Defensive  | <input type="checkbox"/> Positive             | <input type="checkbox"/> No disclosure | <input type="checkbox"/> Receptive to feedback  |

*pt affect disturbed - not quite to anger -  
 pt become agitated / angry during activities - pt needed  
 prompting to maintain focus / awareness*

## 5. Plan:

STAFF SIGNATURE: *[Signature]* DATE: 8/29/99

Hygiene & ADL  
11-7 7-3 3-11  
( ) ( ) ( ) Independent

0910 92  
Hr. / T / P / R / BP

2432115 AP

MURPHY JEDIDIAH "Jim"

If functioning not independent:

Personal Care Provided

11-7 7-3 3-11

( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

Elimination

Incont. = I, Void = V, Stool = BM

11-7 7-3 3-11

Weight: (M & Th 3-11)

Lab Services

Admit Profile

Drawn

Sent

Blood

Urine

Hr. / T / P / R / BP

1235 88 20

Hr. / T / P / R / BP

Hr. / T / P / R / BP

DX Test/Treatments

Test Time

Test Time

Nutritional (Eating)

7a 12p 5p

( ) ( ) ( ) Refused Meal  
( ) ( ) ( ) 25%  
( ) ( ) ( ) 50%  
( ) ( ) ( ) 75%  
( ) ( ) ( ) 100%

Motivation Level to Attend

Therapy & Activities

7-3 3-11

( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

Precautions

11-7 7-3 3-11

( ) ( ) ( ) 1:1\*  
( ) ( ) ( ) SPI\*  
( ) ( ) ( ) SPII  
( ) ( ) ( ) EP

( ) ( ) ( ) Seizure

( ) ( ) ( ) Detox

( ) ( ) ( ) R.T.F.

( ) ( ) ( ) Seclusion\*

( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

Intervention

11-7 7-3 3-11

( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

Sleep Pattern

11-7

8 hours uninterrupted

( ) Out of bed # times

( ) Difficulty Falling to Sleep

( ) Restless

### Education

Orientation:

☐ Patient ☐ Family Significant/Other:

Medication:

☐ Patient ☐ Family Significant/Other:

Disease:

☐ Patient ☐ Family Significant/Other:

Coping Skills:

☐ Patient ☐ Family Significant/Other:

Education Materials:

☐ Patient ☐ Family Significant/Other:

Signature & title staff 11-7

Signature & title staff 7-3

Signature & title staff 3-11

### Assessment by RN

Affect

11-7 7-3 3-11

( ) ( ) ( ) Bright  
( ) ( ) ( ) Flat  
( ) ( ) ( ) Blunted  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Apathetic  
( ) ( ) ( ) Restricted

Thought Process

11-7 7-3 3-11

( ) ( ) ( ) Organized  
( ) ( ) ( ) Preoccupied  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Concrete

11-7 RN

### Behavior

11-7 7-3 3-11

( ) ( ) ( ) Impulsive  
( ) ( ) ( ) Agitated  
( ) ( ) ( ) Uncooperative  
( ) ( ) ( ) Self-Destructive  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Violent  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Inappropriate  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Restless

### Cognition

11-7 7-3 3-11

( ) ( ) ( ) Oriented x 3  
( ) ( ) ( ) Disoriented

7-3 RN

### Social

11-7 7-3 3-11

( ) ( ) ( ) Appropriate  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Attention Seeking  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Reclusive

### Physical Status

✓ Abnormal findings\*

11-7 7-3 3-11

( ) ( ) ( ) Skin  
( ) ( ) ( ) Neuro-Muscular  
( ) ( ) ( ) Cardio-Vascular  
( ) ( ) ( ) Respiratory  
( ) ( ) ( ) Gastrointestinal  
( ) ( ) ( ) Genitourinary  
( ) ( ) ( ) Seeks Meds  
( ) ( ) ( ) Somatic Complaints

3-11 RN

### Mood

11-7 7-3 3-11

( ) ( ) ( ) Depressed  
( ) ( ) ( ) Elated  
( ) ( ) ( ) Irritable  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Angry  
( ) ( ) ( ) Guilty

### Alertness

11-7 7-3 3-11

( ) ( ) ( ) Alertness  
( ) ( ) ( ) Slight Drowsy  
( ) ( ) ( ) Lethargic  
( ) ( ) ( ) Hyper-Alert

### Insight

11-7 7-3 3-11

( ) ( ) ( ) Self-Aware  
( ) ( ) ( ) Denial  
( ) ( ) ( ) Some Insight

3-11 RN



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

#1  
Prob. #3 10 single episode severe Hallucinations

Prob. #2

Prob. #4

Date	Time	Dept.	Prob.	
30/9/99	1000	NSG	1	Pt up received 12 hrs sleep in day. Chose one day reporting the results of SP-2. Notes procedure on 15.02.10. Voice for Pt of 10/10/99
30/9/99	1515	NSG		Attended Book Group 8.0.5.5. Says he needs to share. Go being tired. Book is to not have any panic attacks. Plan is to talk to staff when he feels that what attacks are about to happen. Always hearing my voice in mind. When he states he is hearing voice & speaking missing. Staff group says he should not tolerate the subject being discussed. Mr. Estabrook notified.
30/9/99	1100	NSG		I am in
30/9/99	1130	CS	1	Group Therapy (Gt): Pt attempted to process his anger from yesterday but tended to deny the emotion. Began to be agitated then left the group due to hallucinations in response to a female pt describing being abused. Pat White LMSW not in session (Gt): Pt stated he can't tolerate discussions of child abuse, I got too angry. Pt ran from group screaming, "perverts". Pat White LMSW not



**MULTIDISCIPLINARY  
PROGRESS NOTES**

2432115 AP

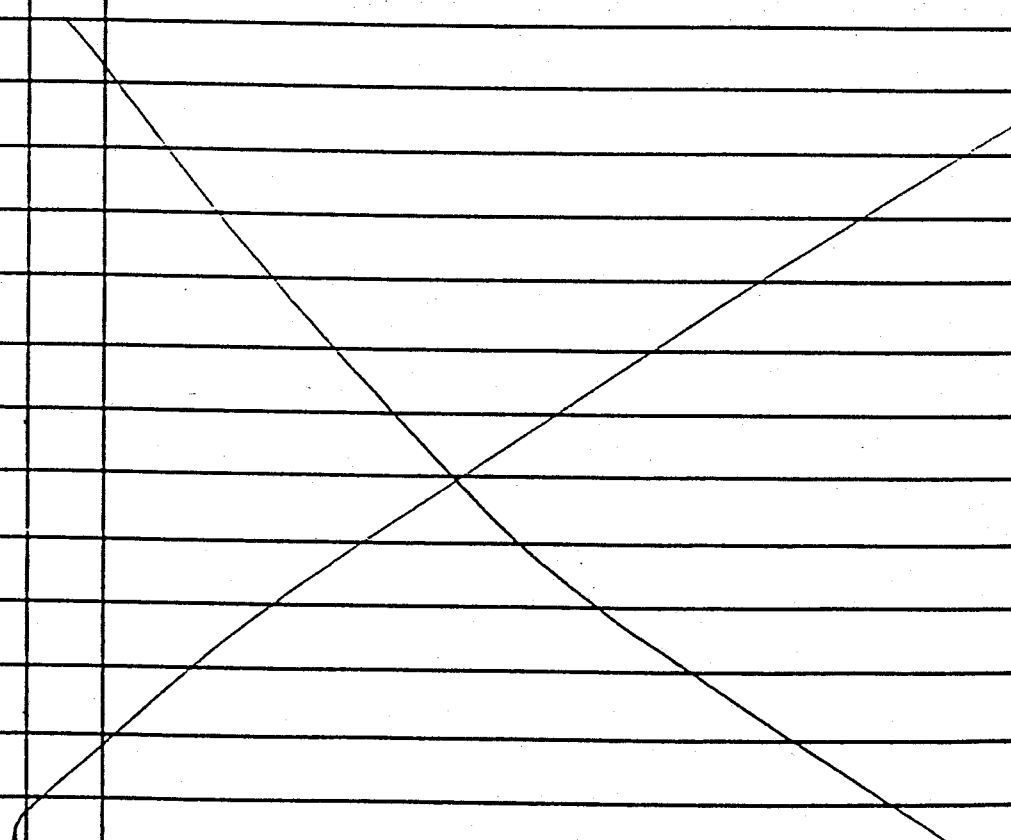
MURPHY JEDIDIAH

DR ESTABROOK

738 3742417

**Glen Oaks  
Hospital**

NS -Nursing, ED - Teacher/Aide, PA. Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Date	Time	Dept.	Prob.
8/29/11	3:30	Nsg	<p>MD Estabrook here - pt c MD to discuss feeling caused by group session. Post group pt very isolative &amp; fearful. Remains on SP11, Detox prec. c @ 15 min visual di for pt safety. <i>K. Roach</i></p>
8/29/11	2:10	Nsg	<p>pt participated in &amp; attended 0.5 hr wrap up therapy. Remains on SP11, Detox prec. c @ 15 min visual di for pt safety. <i>K. Roach</i></p>
			

Record For 8/31/99

242115 AP

**Hygiene & ADL**

11-7 7-3 3-11  
( ) ( ) ( ) Independent

Hr. / T / P / R / BP

**If functioning not independent:**

**Personal Care Provided**

11-7 7-3 3-11  
( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

**Elimination**

Incont. = I, Void = V, Stool = BM  
11-7 7-3 3-11

Weight: \_\_\_\_\_ (M & Th 3-11)

**Lab Services**

Admit Profile Drawn Sent  
Blood \_\_\_\_\_  
Urine \_\_\_\_\_

Hr. / T / P / R / BP

11-7 7-3 3-11  
( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

Hr. / T / P / R / BP  
DX Test/Treatments

Test Time

Test Time

Nutritional (Eating)  
7a 12p 5p  
( ) ( ) ( ) Refused Meal  
( ) ( ) ( ) 25%  
( ) ( ) ( ) 50%  
( ) ( ) ( ) 75%  
( ) ( ) ( ) 100%

**Motivation Level to Attend**

**Therapy & Activities**

7-3 3-11  
( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

**Precautions**

11-7 7-3 3-11  
( ) ( ) ( ) 1:1\*  
( ) ( ) ( ) SP I\*  
( ) ( ) ( ) SP II  
( ) ( ) ( ) EP  
( ) ( ) ( ) Seizure  
( ) ( ) ( ) Detox  
( ) ( ) ( ) R.T.F.  
( ) ( ) ( ) Seclusion\*  
( ) ( ) ( ) Restraints\*  
\* requires progress note for additional information

**Intervention**

**11-7 7-3 3-11**

( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

**Sleep Pattern**

11-7 7-3 3-11  
( ) ( ) ( ) hours uninterrupted  
( ) ( ) ( ) Out of bed # \_\_\_\_\_ times  
( ) ( ) ( ) Difficulty Falling to Sleep  
( ) ( ) ( ) Restless

**Education**

**Orientation:**

☐ Patient ☐ Family Significant/Other:

**Medication:**

☐ Patient ☐ Family Significant/Other:

**Disease:**

☐ Patient ☐ Family Significant/Other:

**Coping Skills:**

☐ Patient ☐ Family Significant/Other:

**Education Materials:**

☐ Patient ☐ Family Significant/Other:

Signature & title staff 11-7

Signature & title staff 7-3

Signature & title staff 3-11

Assessment by RN	Behavior	Social	Mood
<b>Affect</b> 11-7 7-3 3-11 ( ) ( ) ( ) Bright ( ) ( ) ( ) Flat ( ) ( ) ( ) Blunted ( ) ( ) ( ) Hostile ( ) ( ) ( ) Apathetic ( ) ( ) ( ) Restricted	11-7 7-3 3-11 ( ) ( ) ( ) Impulsive ( ) ( ) ( ) Agitated ( ) ( ) ( ) Uncooperative ( ) ( ) ( ) Self-Destructive ( ) ( ) ( ) Disorganized ( ) ( ) ( ) Violent ( ) ( ) ( ) Hostile ( ) ( ) ( ) Manipulative ( ) ( ) ( ) Inappropriate ( ) ( ) ( ) Anxious ( ) ( ) ( ) Withdrawn ( ) ( ) ( ) Restless	11-7 7-3 3-11 ( ) ( ) ( ) Appropriate ( ) ( ) ( ) Withdrawn ( ) ( ) ( ) Attention Seeking ( ) ( ) ( ) Manipulative ( ) ( ) ( ) Reclusive  <b>Physical Status</b> ✓ Abnormal findings* 11-7 7-3 3-11 ( ) ( ) ( ) Skin/Eyes ( ) ( ) ( ) Neuro-Muscular ( ) ( ) ( ) Cardio-Vascular ( ) ( ) ( ) Respiratory ( ) ( ) ( ) Gastrointestinal ( ) ( ) ( ) Genitourinary ( ) ( ) ( ) Seeks Meds ( ) ( ) ( ) Somatic Complaints	11-7 7-3 3-11 ( ) ( ) ( ) Depressed ( ) ( ) ( ) Elated ( ) ( ) ( ) Irritable ( ) ( ) ( ) Anxious ( ) ( ) ( ) Angry ( ) ( ) ( ) Guilty  <b>Alertness</b> ( ) ( ) ( ) Alertness ( ) ( ) ( ) Slight Drowsy ( ) ( ) ( ) Lethargic ( ) ( ) ( ) Hyper-Alert  <b>Insight</b> 11-7 7-3 3-11 ( ) ( ) ( ) Self-Aware ( ) ( ) ( ) Denial ( ) ( ) ( ) Some Insight
<b>Thought Process</b> 11-7 7-3 3-11 ( ) ( ) ( ) Organized ( ) ( ) ( ) Preoccupied ( ) ( ) ( ) Disorganized ( ) ( ) ( ) Concrete	<b>Cognition</b> 11-7 7-3 3-11 ( ) ( ) ( ) Oriented x 3 ( ) ( ) ( ) Disoriented		



2432115 AP

MURPHY JEDIDIAH

5/24/77

DR ESTABROOK

DOB 01/01/77



Glen Oaks Hospital

# Therapeutic Recreation Participation Record

*John Murphy*

☒ Lifestyle Mgt. *1st-2nd*
☐ Kinetic Group
 ☐ Rec. Group

## 1. How was group focus related to this patient's treatment plan?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Inability to cope  | <input type="checkbox"/> Aggressive outbursts                       | <input checked="" type="checkbox"/> Difficulties making decisions   |
| <input checked="" type="checkbox"/> Low self esteem    | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process      |
| <input checked="" type="checkbox"/> Impulsive behavior | <input checked="" type="checkbox"/> Inability to express feelings   | <input type="checkbox"/> Unable to complete task without assistance |
| <input checked="" type="checkbox"/> Poor Social Skills | <input checked="" type="checkbox"/> Inability to maintain sobriety  | <input type="checkbox"/> Inability to concentrate                   |
| <input type="checkbox"/> Suicidal Ideation's           | <input checked="" type="checkbox"/> Inability to solve problems     | <input type="checkbox"/> Inability to follow instructions           |
| <input type="checkbox"/> Homicidal Ideation's          | <input type="checkbox"/> Abandonment issues                         | <input type="checkbox"/> High level's of anxiety                    |
| <input type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Inability to trust others       |   |

## 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.        | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                        | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.           | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages. | <input checked="" type="checkbox"/> Think more clearly as demonstrated by logical speech.              |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                 | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Suicidal Ideation         | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation | <input type="checkbox"/> Hostility      |
| <input type="checkbox"/> Somatic complaints        | <input type="checkbox"/> Paranoia         | <input type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input checked="" type="checkbox"/> Self defeating | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization         | <input type="checkbox"/> Sleeplessness  |
| <input checked="" type="checkbox"/> Depressed      | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial               | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Hiding                    | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse          | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation        | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional           | <input type="checkbox"/> Labile         |
| <input type="checkbox"/> Angry outbursts           | <input type="checkbox"/> Panic            | <input type="checkbox"/> Anxious              | <input type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |   |                                     |   |  |   |
|---|-------------------------------------|---|--|---|
| <input type="checkbox"/> Attentive          | <input type="checkbox"/> Supportive | <input checked="" type="checkbox"/> Guarded | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested                    |
| <input checked="" type="checkbox"/> Sharing | <input type="checkbox"/> Intrusive  | <input type="checkbox"/> Resistant          | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize           |
| <input type="checkbox"/> Negative           | <input type="checkbox"/> Defensive  | <input type="checkbox"/> Positive           | <input type="checkbox"/> No disclosure | <input checked="" type="checkbox"/> Receptive to feedback |

*at affect flat - depressed + extremely guarded -  
sketches what he is afraid to get angry + discuss  
sexual abuse a group therapist - it states that no  
intentions to hallucinate*

## 5. Plan: *as of 9/27*

STAFF SIGNATURE: *[Signature]*DATE: *8/30/98*



**MULTIDISCIPLINARY  
PROGRESS NOTES**NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

1	Prob. # 2
Prob. # 3	Prob. # 4

Date	Time	Dept.	Prob.
------	------	-------	-------

**Medication PRN Notes:** Patient Name Jedidiah Murphy  
Natural Tears was given at 8/31/09  
 (Medication, Dosage and Route) (Date / Time)

Patient Education: advised pt to let staff know if the tops do  
 Cooperation in Taking Meds: ☒ Totally Cooperative ☐ Required Verbal Persuasion <sup>not help</sup>  
☐ Other Requested for dry eyes

Behaviors/Symptoms Being Treated eye irritation  
redness Given By J. [Signature]

Patients Response redness  
K. Lorie [Signature] 8/31/99 0020  
 (Nurse Signature) (Date / Time)

9/9/05	15	MS	<p>PT has rested well for remainder of shift. Eyes closed, Resp. easy / unlabored. No further % eye irritation. PT remains on Detrol + SpA c/s 15 minute safety checks. No signs / symptoms of detox present.</p>
1/9/09	15	HSL	<p>Attended Book Group 40.5 hrs. - Sam is nervous about declining to his part. He is to upon up in groups + staying in groups. Plan is to accept support from peers.</p>
1/31/09	12	WLL	<p>pt did not attend by [unclear] (STAT). That he is having [unclear] today. pt remained in bed c/pillow over [unclear] during lunch time. [Signature]</p>





# Therapeutic Recreation Participation Record

MURPHY JEDIDIAH  
5/2/92  
DR ESTABROOK  
DOB 3/2/71

## Group(s) / Time(s)

☒ Lifestyle Mgt. 12:45-2:15

☐ Kinetic Group

☐ Rec. Group

## 1. How was group focus related to this patient's treatment plan?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Inability to cope  | <input type="checkbox"/> Aggressive outbursts                       | <input checked="" type="checkbox"/> Difficulties making decisions   |
| <input checked="" type="checkbox"/> Low self esteem    | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process      |
| <input checked="" type="checkbox"/> Impulsive behavior | <input checked="" type="checkbox"/> Inability to express feelings   | <input type="checkbox"/> Unable to complete task without assistance |
| <input checked="" type="checkbox"/> Poor Social Skills | <input type="checkbox"/> Inability maintain sobriety                | <input type="checkbox"/> Inability to concentrate                   |
| <input type="checkbox"/> Suicidal Ideation's           | <input checked="" type="checkbox"/> Inability to solve problems     | <input type="checkbox"/> Inability to follow instructions           |
| <input type="checkbox"/> Homicidal Ideation's          | <input type="checkbox"/> Abandonment issues                         | <input type="checkbox"/> High level's of anxiety                    |
| <input type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Inability to trust others       |   |

## 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.        | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                        | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.           | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages. | <input checked="" type="checkbox"/> Think more clearly as demonstrated by logical speech.              |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                 | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Suicidal Ideation    | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation | <input type="checkbox"/> Hostility      |
| <input type="checkbox"/> Somatic complaints   | <input type="checkbox"/> Paranoia         | <input type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input type="checkbox"/> Self defeating       | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization         | <input type="checkbox"/> Sleeplessness  |
| <input checked="" type="checkbox"/> Depressed | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial               | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Hiding               | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse          | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation   | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional           | <input type="checkbox"/> Labile         |
| <input type="checkbox"/> Angry outbursts      | <input type="checkbox"/> Panic            | <input type="checkbox"/> Anxious              | <input type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |   |                                     |   |  |   |
|---|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> Attentive | <input type="checkbox"/> Supportive | <input checked="" type="checkbox"/> Guarded   | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested                    |
| <input type="checkbox"/> Sharing              | <input type="checkbox"/> Intrusive  | <input checked="" type="checkbox"/> Resistant | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize           |
| <input type="checkbox"/> Negative             | <input type="checkbox"/> Defensive  | <input type="checkbox"/> Positive             | <input type="checkbox"/> No disclosure | <input checked="" type="checkbox"/> Receptive to feedback |

Pt affected flat - Pt not interested in continuing to be depressed /  
messy - Pt needs prompt redirection to maintain  
attention / attention - Pt don't do so guarded - States  
that he is scared to get angry -

5. Plan: Don't fix.

STAFF SIGNATURE: *[Signature]*

DATE: 5/31/92



# Therapeutic Recreation Participation Record

2732115 AP

MURPHY JEDIDIAH  
DR ESTABROOK  
038 000000

Group(s) / Time(s)  
 Lifestyle Mgt. \_\_\_\_\_ Kinetic Group 6-7 \_\_\_\_\_ Rec. Group \_\_\_\_\_

## 1. How was group focus related to this patient's treatment plan?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Inability to cope  | <input type="checkbox"/> Aggressive outbursts                       | <input checked="" type="checkbox"/> Difficulties making decisions   |
| <input checked="" type="checkbox"/> Low self esteem    | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process      |
| <input checked="" type="checkbox"/> Impulsive behavior | <input checked="" type="checkbox"/> Inability to express feelings   | <input type="checkbox"/> Unable to complete task without assistance |
| <input checked="" type="checkbox"/> Poor Social Skills | <input checked="" type="checkbox"/> Inability maintain sobriety     | <input type="checkbox"/> Inability to concentrate                   |
| <input type="checkbox"/> Suicidal Ideation's           | <input checked="" type="checkbox"/> Inability to solve problems     | <input type="checkbox"/> Inability to follow instructions           |
| <input type="checkbox"/> Homicidal Ideation's          | <input checked="" type="checkbox"/> Abandonment issues              | <input type="checkbox"/> High level's of anxiety                    |
| <input type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Inability to trust others       |   |

## 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.        | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                        | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.           | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages. | <input checked="" type="checkbox"/> Think more clearly as demonstrated by logical speech.              |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                 | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Suicidal Ideation             | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation | <input type="checkbox"/> Hostility      |
| <input checked="" type="checkbox"/> Somatic complaints | <input type="checkbox"/> Paranoia         | <input type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input type="checkbox"/> Self defeating                | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization         | <input type="checkbox"/> Sleeplessness  |
| <input type="checkbox"/> Depressed                     | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial               | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Hiding                        | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse          | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation            | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional           | <input type="checkbox"/> Labile         |
| <input type="checkbox"/> Angry outbursts               | <input type="checkbox"/> Panic            | <input checked="" type="checkbox"/> Anxious   | <input type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |   |  |  |  |   |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Attentive | <input checked="" type="checkbox"/> Supportive | <input type="checkbox"/> Guarded             | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested                    |
| <input type="checkbox"/> Sharing              | <input type="checkbox"/> Intrusive             | <input type="checkbox"/> Resistant           | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize           |
| <input type="checkbox"/> Negative             | <input type="checkbox"/> Defensive             | <input checked="" type="checkbox"/> Positive | <input type="checkbox"/> No disclosure | <input checked="" type="checkbox"/> Receptive to feedback |

*A. affect ↓ depressed today. c/o back hurting, but otherwise attitude was otherwise positive. Supportive of peers in group. Conversation appropriate. Progress noted.*

5. Plan: Cont. TX

STAFF SIGNATURE: David J. JRS

DATE: 9/1/99

MURPHY JEDIDIAH "Jim"  
15/24/77  
DR ESTABROOK  
DOB 08/11/1977

Hygiene & ADL

11-7 7-3 3-11  
( ) ( ) ( ) Independent

0840983 80 102/70  
Hr. / T / P / R / BP

If functioning not independent:

Personal Care Provided

11-7 7-3 3-11  
( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

0820 80 118/82  
Hr. / T / P / R / BP

2000  
Hr. / T / P / R / BP

DX Test/Treatments

Test Time  
Test Time

Elimination

Incont. = I, Void = V, Stool = BM  
11-7 7-3 3-11

Weight: \_\_\_\_\_ (M & Th 3-11)

Lab Services

Admit Profile Drawn Sent  
Blood \_\_\_\_\_  
Urine \_\_\_\_\_

Nutritional ( Eating)

7a 12p 5p  
( ) ( ) ( ) Refused Meal  
( ) ( ) ( ) 25%  
( ) ( ) ( ) 50%  
( ) ( ) ( ) 75%  
( ) ( ) ( ) 100%

Motivation Level to Attend

Therapy & Activities

7-3 3-11  
( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

Precautions

11-7 7-3 3-11

( ) ( ) ( ) 1:1\*  
( ) ( ) ( ) SP I\*  
( ) ( ) ( ) SP II  
( ) ( ) ( ) EP  
( ) ( ) ( ) Seizure  
( ) ( ) ( ) Detox  
( ) ( ) ( ) R.T.F.  
( ) ( ) ( ) Seclusion\*  
( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

Intervention

11-7 7-3 3-11

( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

Sleep Pattern

11-7 7+ hours uninterrupted  
( ) Out of bed # 2 times  
( ) Difficulty Falling to Sleep  
( ) Restless

Education

Orientation:

☐ Patient ☐ Family Significant/Other:

Medication:

☐ Patient ☐ Family Significant/Other:

Disease:

☐ Patient ☐ Family Significant/Other:

Coping Skills:

☐ Patient ☐ Family Significant/Other:

Education Materials:

☐ Patient ☐ Family Significant/Other:

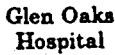
Signature & title staff 11-7

Signature & title staff 7-3

Signature & title staff 3-11

Assessment by RN	Behavior	Social	Mood
<b>Affect</b> 11-7 7-3 3-11 ( ) ( ) ( ) Bright ( ) ( ) ( ) Flat ( ) ( ) ( ) Blunted ( ) ( ) ( ) Hostile ( ) ( ) ( ) Apathetic ( ) ( ) ( ) Restricted	11-7 7-3 3-11 ( ) ( ) ( ) Impulsive ( ) ( ) ( ) Agitated ( ) ( ) ( ) Uncooperative ( ) ( ) ( ) Self-Destructive ( ) ( ) ( ) Disorganized ( ) ( ) ( ) Violent ( ) ( ) ( ) Hostile ( ) ( ) ( ) Manipulative ( ) ( ) ( ) Inappropriate ( ) ( ) ( ) Anxious ( ) ( ) ( ) Withdrawn ( ) ( ) ( ) Restless	11-7 7-3 3-11 ( ) ( ) ( ) Appropriate ( ) ( ) ( ) Withdrawn ( ) ( ) ( ) Attention Seeking ( ) ( ) ( ) Manipulative ( ) ( ) ( ) Reclusive <b>Physical Status</b> ✓ Abnormal findings* 11-7 7-3 3-11 ( ) ( ) ( ) Skin ( ) ( ) ( ) Neuro-Muscular ( ) ( ) ( ) Cardio-Vascular ( ) ( ) ( ) Respiratory ( ) ( ) ( ) Gastrointestinal ( ) ( ) ( ) Genitourinary ( ) ( ) ( ) Seeks Meds ( ) ( ) ( ) Somatic Complaints	11-7 7-3 3-11 ( ) ( ) ( ) Depressed ( ) ( ) ( ) Elated ( ) ( ) ( ) Irritable ( ) ( ) ( ) Anxious ( ) ( ) ( ) Angry ( ) ( ) ( ) Guilty <b>Alertness</b> ( ) ( ) ( ) Alertness ( ) ( ) ( ) Slight Drowsy ( ) ( ) ( ) Lethargic ( ) ( ) ( ) Hyper-Alert <b>Insight</b> 11-7 7-3 3-11 ( ) ( ) ( ) Self-Aware ( ) ( ) ( ) Denial ( ) ( ) ( ) Some Insight
<b>Thought Process</b> 11-7 7-3 3-11 ( ) ( ) ( ) Organized ( ) ( ) ( ) Preoccupied ( ) ( ) ( ) Disorganized ( ) ( ) ( ) Concrete	<b>Cognition</b> 11-7 7-3 3-11 ( ) ( ) ( ) Oriented x 3 ( ) ( ) ( ) Disoriented		
11-7 RN K. Dwyer RN	7-3 RN J. C. Smith	3-11 RN M. Cunningham RN	





NS - Nursing, ED - Teacher Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

**# 1**

**Prob. # 2****Prob. # 3**

**Prob. #4**

Date	Time	Dept.	Prob.	
9/1/99	0558	NS		Laying on bed & eyes closed. Resp. even & unlabored @ this time. Remains on SPII, NTX + Q15 min Visual Safety Checks & Daily W
7/1/99	0930	NSC		Attended Sports Programs & 0.5 hr. I say as he is fine & medication making him feeling slow & "fuzzy". I feel is to talk to the doctor to get his medication straight Plan is to till 5 staff who are going on & then I continue
9/1/99	1130	CS	1	Group Therapy (rht): A stated that he has no control of his anger. Shortly afterward, A began to having visual hallucinations & increasing auditory hallucinations. Patient is unresponsive
7/1/99	210	NS		Attended Wap HX 0.5 hr. Q15" Visual Checks for SPII / Heter continued. Had birthday cake & peers & J. H. R. H.



# Patient Assessment and Activity Record For 9102199

MURPHY JEDIDIAH  
11-7-3-11  
DR ESTABROOK  
003

## Hygiene & ADL

11-7-3-11  
( ) ( ) ( ) Independent

0725 98.4 88 20 114/22

Hr. / T / P / R / BP

If functioning not independent:

## Personal Care Provided

11-7 7-3 3-11

( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

## Elimination

Incont. = I, Void = V, Stool = BM  
11-7 7-3 3-11

Weight: (M & Th 3-11)

## Lab Services

Admit Profile Drawn Sent  
Blood  
Urine

1200 80 20 114/22  
Hr. / T / P / R / BP

91 82 20 114/22  
Hr. / T / P / R / BP

84 20 114/22  
Hr. / T / P / R / BP

## DX Test/Treatments

Test Time

Test Time

## Nutritional (Eating)

7a 12p 5p  
( ) ( ) ( ) Refused Meal  
( ) ( ) ( ) 25%  
( ) ( ) ( ) 50%  
( ) ( ) ( ) 75%  
( ) ( ) ( ) 100%

## Motivation Level to Attend

## Therapy & Activities

11-7 7-3 3-11  
( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

## Precautions

11-7 7-3 3-11  
( ) ( ) ( ) 1:1\*  
( ) ( ) ( ) SP I\*  
( ) ( ) ( ) SP II  
( ) ( ) ( ) EP  
( ) ( ) ( ) Seizure  
( ) ( ) ( ) Detox  
( ) ( ) ( ) R.T.F.  
( ) ( ) ( ) Seclusion\*  
( ) ( ) ( ) Restraints\*  
\* requires progress note for additional information

## Intervention

11-7 7-3 3-11  
( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

## Sleep Pattern

11-7 7-3 3-11  
( ) ( ) ( ) hours uninterrupted  
( ) ( ) ( ) Out of bed # 10 times  
( ) ( ) ( ) Difficulty Falling to Sleep  
( ) ( ) ( ) Restless

## Education

## Orientation:

☐ Patient ☐ Family Significant/Other:

## Medication:

☐ Patient ☐ Family Significant/Other:

## Disease:

☐ Patient ☐ Family Significant/Other:

## Coping Skills:

☐ Patient ☐ Family Significant/Other:

## Education Materials:

☐ Patient ☐ Family Significant/Other:

Signature & title staff 11-7

Signature & title staff 7-3

Signature & title staff 3-11

## Assessment by RN

## Affect

11-7 7-3 3-11

( ) ( ) ( ) Bright  
( ) ( ) ( ) Flat  
( ) ( ) ( ) Blunted  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Apathetic  
( ) ( ) ( ) Restricted

## Thought Process

11-7 7-3 3-11

( ) ( ) ( ) Organized  
( ) ( ) ( ) Preoccupied  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Concrete

## Behavior

11-7 7-3 3-11

( ) ( ) ( ) Impulsive  
( ) ( ) ( ) Agitated  
( ) ( ) ( ) Uncooperative  
( ) ( ) ( ) Self-Destructive  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Violent  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Inappropriate  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Restless

## Cognition

11-7 7-3 3-11

( ) ( ) ( ) Oriented x 3  
( ) ( ) ( ) Disoriented

## Social

11-7 7-3 3-11

( ) ( ) ( ) Appropriate  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Attention Seeking  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Reclusive

## Physical Status

✓ Abnormal findings\*

11-7 7-3 3-11

( ) ( ) ( ) Skin  
( ) ( ) ( ) Neuro-Muscular  
( ) ( ) ( ) Cardio-Vascular  
( ) ( ) ( ) Respiratory  
( ) ( ) ( ) Gastrointestinal  
( ) ( ) ( ) Genitourinary  
( ) ( ) ( ) Seeks Meds  
( ) ( ) ( ) Somatic Complaints

## Mood

11-7 7-3 3-11

( ) ( ) ( ) Depressed  
( ) ( ) ( ) Elated  
( ) ( ) ( ) Irritable  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Angry  
( ) ( ) ( ) Guilty

## Alertness

( ) ( ) ( ) Alertness  
( ) ( ) ( ) Slight Drowsy  
( ) ( ) ( ) Lethargic  
( ) ( ) ( ) Hyper-Alert

## Insight

11-7 7-3 3-11

( ) ( ) ( ) Self-Aware  
( ) ( ) ( ) Denial  
( ) ( ) ( ) Some Insight

11-7 RN

7-3 RN

3-11 RN



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

#1 Prob. # 3	Psychotic Indications	Prob. # 2	
		Prob. # 4	

Date	Time	Dept.	Prob.	
9/2	5:00	NS		Slept soundly & distress, resp. even/unlabored, cont. SPII precautions & detox protocol and Q/E visual exams. R. Bell PR
9/2/99	1130	NSG		Very depressed and irritable today. Continued to % Hearing voices throughout the day and 2 night. Has presented as a different personality during the day going by the name of Taylor. Attended group x .5 hours, states that he feels that he is being beaten ↑ by a baseball bat, goal to talk to the doctor about his diagnosis. Much support and attention given. Continued on SPII & QIT minute ✓ for pt safety. <i>Sharon</i>
9/2/99	1130	CS	1	Group Therapy (hr): Pt stated that he has a personality named, "TAYLOR", who is "my protector. All he knows is anger & violence. He is telling me not to listen to you or the doctor. He is getting louder & I'm afraid something bad is going to happen". Pt left the group for a time "to keep from hurting anyone." <i>Pat White</i> In pm session (hr): Pt left because of <i>unsw-nep</i> surging anger, "I'm afraid somebody will get hurt." <i>Pat White</i> <i>unsw-ncp</i>
	1600			



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

MURPHY JEDIDIAH

11/1/77

DR ESTABROOK

0 1 11 17

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Date Time Dept. Prob.

9/2/99 1300 NSC  
Pt Came out of group room, Kicked the trash  
can and Punctured the wheel. Walking Down the  
Hall to his room, Staff intervened and asked  
the pt to stop, and came back to the  
Day room, pt immediately turned and yelled make  
me come back, Staff member went down the  
hall to talk to the pt. Pt charged the  
staff member swinging violently attempting to strike  
staff. Pt placed in Baskethold and assisted to  
the ground. Threatening to kill staff every in-  
stant. Pt calmed down, and agreed to walk to  
the Quiet Room, States that he has no re-  
membrance of incident, States he woke up and  
was on the floor. Order received from Dr.  
Sales for Ativan 2mg PO x1 for Agitation.  
~~Sitting~~ Sitting in open Quiet Room on bed,  
calm demeanor at present. Will continue states  
that Taylor made him do it. Will continue  
to monitor. Shepherd

9/2/99 2000 NS  
Attended wrap-up 0.5 hr. Interacting  
appropriately. Remains on APH/NTV @ 915'  
for safety. M. Cunningham en-

9/2/99 2200 NS  
Pt. CB (2) knee discomfort + sm. laceration  
leg Debris. Assessed by med NS & RN - POC  
notified + Rx for med. Consult obtained for  
Dr. Informed. Med. offered + accepted for knee  
+ 4 amoxicillin. Remains on APH/NTV for safety.

NS -Nursing, ED - Teacher/Aide, PA. Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Behaviors/Symptoms Being Treated: severe agitation,  
pt was trying to hit staff Given By L. Kester  
 Patients Response pt calmed down states I don't  
remember what L.R. Kester 4-2-99  
happen (Nurse Signature) (Date / Time)

(Nurse Signature)

(Date / Time)



# Therapeutic Recreation Participation Record

*Lein Murphy*

MURPHY, JEDIDIAH  
11/11/79  
DR. ESTABROOK  
1272 - 11/11/79

☒ Lifestyle Mgt. 12-55 40-800 ☐ Kinetic Group ☐ Rec. Group

## How was group focus related to this patient's treatment plan?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Inability to cope    | <input type="checkbox"/> Aggressive outbursts            | <input type="checkbox"/> Difficulties making decisions              |
| <input type="checkbox"/> Low self esteem      | <input type="checkbox"/> Difficulties adapting to change | <input type="checkbox"/> Disordered thought process                 |
| <input type="checkbox"/> Impulsive behavior   | <input type="checkbox"/> Inability to express feelings   | <input type="checkbox"/> Unable to complete task without assistance |
| <input type="checkbox"/> Poor Social Skills   | <input type="checkbox"/> Inability maintain sobriety     | <input type="checkbox"/> Inability to concentrate                   |
| <input type="checkbox"/> Suicidal Ideation's  | <input type="checkbox"/> Inability to solve problems     | <input type="checkbox"/> Inability to follow instructions           |
| <input type="checkbox"/> Homicidal Ideation's | <input type="checkbox"/> Abandonment issues              | <input type="checkbox"/> High level's of anxiety                    |
| <input type="checkbox"/> Depression           | <input type="checkbox"/> Inability to trust others       |   |

## What specific goals were addressed?

- |   |  |
|---|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.        | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                        | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.           | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages. | <input type="checkbox"/> Think more clearly as demonstrated by logical speech.                         |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                 | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Suicidal Ideation    | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation | <input type="checkbox"/> Hostility      |
| <input type="checkbox"/> Somatic complaints   | <input type="checkbox"/> Paranoia         | <input type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input type="checkbox"/> Self defeating       | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization         | <input type="checkbox"/> Sleeplessness  |
| <input checked="" type="checkbox"/> Depressed | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial               | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Hiding               | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse          | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation   | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional           | <input type="checkbox"/> Labile         |
| <input type="checkbox"/> Angry outbursts      | <input type="checkbox"/> Panic            | <input checked="" type="checkbox"/> Anxious   | <input type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |  |                                     |   |  |   |
|--|-------------------------------------|---|--|---|
| <input type="checkbox"/> Attentive           | <input type="checkbox"/> Supportive | <input checked="" type="checkbox"/> Guarded | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested          |
| <input type="checkbox"/> Sharing             | <input type="checkbox"/> Intrusive  | <input type="checkbox"/> Resistant          | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize |
| <input checked="" type="checkbox"/> Negative | <input type="checkbox"/> Defensive  | <input type="checkbox"/> Positive           | <input type="checkbox"/> No disclosure | <input type="checkbox"/> Receptive to feedback  |

*Pl effect disturbed - pt anxious & agitated - needed prompting & redirection to maintain attention & calmness -  
Pt not able to hear self/other.*

5. Plan:

*Cont L & X*

STAFF SIGNATURE:

*[Signature]*

DATE:

*9/2/99*



# Patient Assessment and Activity Record For 9/4/99

**SATURDAY OR SUNDAY**

## Hygiene & ADL

11-7 7-7 7-11

( ) ( ) ( ) Independent

## If functioning not independent:

### Personal Care Provided

11-7 7-7 7-11

( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

## Elimination

Incont. = I, Void = V, Stool = BM

11-7 7-7 7-11

Weight: \_\_\_\_\_ (M & Th 3-11)

## Lab Services

Admit Profile

Drawn

Sent

Blood

Urine

Hr. / T / P / R / BP

Hr. / T / P / R / BP

Hr. / T / P / R / BP

## DX Test/Treatments

Test Time

Test Time

## Nutritional (Eating)

7a 12p 5p

( ) ( ) ( ) Refused Meal

( ) ( ) ( ) 25%

( ) ( ) ( ) 50%

( ) ( ) ( ) 75%

( ) ( ) ( ) 100%

MURPHY JEDIDIAH Jim

3/24/77

DR ESTABROOK

DOB 7/7/77

## Motivation Level to Attend

### Therapy & Activities

7-7 7-11

( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

## Precautions

11-7 7-7 7-11

( ) ( ) ( ) 1:1\*

( ) ( ) ( ) SP I\*

( ) ( ) ( ) SP II

( ) ( ) ( ) EP

( ) ( ) ( ) Seizure

( ) ( ) ( ) Detox

( ) ( ) ( ) R.T.F.

( ) ( ) ( ) Seclusion\*

( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

## Intervention

11-7 7-7 7-11

( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

## Sleep Pattern

11-7

( ) \_\_\_\_\_ hours uninterrupted

( ) Out of bed # \_\_\_\_\_ times

( ) Difficulty Falling to Sleep

( ) Restless

## Education

Orientation: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Medication: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Disease: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Coping Skills: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Education Materials: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature at site staff 11-7

Signature at site staff 7-7

Signature at site staff 7-11

## Assessment by RN

### Affect

11-7 7-7 7-11

( ) ( ) ( ) Bright  
( ) ( ) ( ) Flat  
( ) ( ) ( ) Blunted  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Apathetic  
( ) ( ) ( ) Restricted

### Thought Process

11-7 7-7 7-11

( ) ( ) ( ) Organized  
( ) ( ) ( ) Preoccupied  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Concrete  
( ) ( ) ( ) Restless

## Behavior

11-7 7-7 7-11

( ) ( ) ( ) Impulsive  
( ) ( ) ( ) Agitated  
( ) ( ) ( ) Uncooperative  
( ) ( ) ( ) Self-Destructive  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Violent  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Inappropriate  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Restless

## Cognition

11-7 7-7 7-11

( ) ( ) ( ) Oriented x 3  
( ) ( ) ( ) Disoriented

## Social

11-7 7-7 7-11

( ) ( ) ( ) Appropriate  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Attention Seeking  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Reclusive

## Physical Status

✓ Abnormal findings\*

11-7 7-7 7-11

( ) ( ) ( ) Skin  
( ) ( ) ( ) Neuro-Muscular  
( ) ( ) ( ) Cardio-Vascular  
( ) ( ) ( ) Respiratory  
( ) ( ) ( ) Gastrointestinal  
( ) ( ) ( ) Genitourinary  
( ) ( ) ( ) Seeks Meds  
( ) ( ) ( ) Somatic Complaints

## Mood

11-7 7-7 7-11

( ) ( ) ( ) Depressed  
( ) ( ) ( ) Elated  
( ) ( ) ( ) Irritable  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Angry  
( ) ( ) ( ) Guilty

## Alertness

11-7 7-7 7-11

( ) ( ) ( ) Alertness  
( ) ( ) ( ) Slight Drowsy  
( ) ( ) ( ) Lethargic  
( ) ( ) ( ) Hyper-Alert

## Insight

11-7 7-7 7-11

( ) ( ) ( ) Self-Aware  
( ) ( ) ( ) Denial  
( ) ( ) ( ) Some Insight

11-7 RN

*R. Bell*

7-7 RN

*Marked*

7-11 RN

*McCurry*





# MULTIDISCIPLINARY PROGRESS NOTES

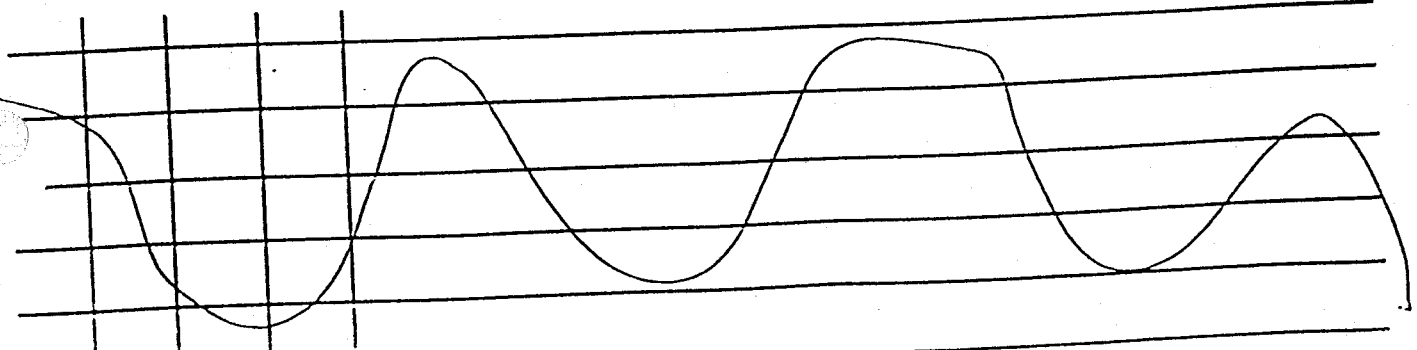
NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

rob. # 1 Psychotic Ideation Prob. # 2  
rob. # 3 Prob. # 4

Date	Time	Dept.	Prob.	
7/4	5:20	N.S.		Pt. sleeping soundly, no distress count. SP II precautions and Detox @ 15' visual checks. No problems changes noted. R. Bell RN
7/4/99	0930	NS		Per SP II & Detox @ 15 minutes for safety. Attended goals group 0.5 hrs. goal today is to talk to female peer & work on our problem. Affect flat, mood depressed, attention seeking from peers - M. Holden RN
4/99	1130	CS	1	Group therapy: pt attended but did not engage in discussion, left early. C. Verien RN, M. Holden RN

- Medication PRN Notes: Patient Name Ididiah Murphy  
Natural tears was given at 9/4/99 - 0930  
(Medication, Dosage and Route) (Date / Time)

- Patient Education: \_\_\_\_\_  
Cooperation in Taking Meds: ☐ Totally Cooperative ☐ Required Verbal Persuasion  
☒ Other pt. request  
Behaviors/Symptoms Being Treated: urge drugness  
Given By T. Verien RN  
Patients Response no further %  
T. Verien RN 9/4/99 - 1030  
(Nurse Signature) (Date / Time)



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

MURPHY JEDIDIAH

OK ESTABROOK

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
 DS - Dietary Services, PS - Psychological Services,  
 CS - Clinical Staff (S.W. & Therapist) MD - Physician

Date	Time	Dept.	Prob.

Medication PRN Notes: Patient Name Jedidiah Murphy  
Maalox 30cc PO was given at 9/5/99-1800  
 (Medication, Dosage and Route) (Date / Time)

Patient Education: \_\_\_\_\_  
 Cooperation in Taking Meds: ☐ Totally Cooperative ☐ Required Verbal Persuasion  
☒ Other pt. request  
 Behaviors/Symptoms Being Treated: indigestion  
 Given By T. Veien RN

Patients Response states relief  
T. Veien RN 9/5/99-1815  
 (Nurse Signature) (Date / Time)

Medication PRN Notes: Patient Name Jedidiah Murphy  
Maalox 30cc PO was given at 9/5/99-1350  
 (Medication, Dosage and Route) (Date / Time)

Patient Education: \_\_\_\_\_  
 Cooperation in Taking Meds: ☐ Totally Cooperative ☐ Required Verbal Persuasion  
☒ Other pt. request  
 Behaviors/Symptoms Being Treated: no indigestion  
 Given By T. Veien RN

Patients Response states relief  
T. Veien RN 9/5/99-1400  
 (Nurse Signature) (Date / Time)

9/5/99 2000 15 Attended wrapup 0.5 hrs. Remains on SPT/1  
protocol for safety & 15" V's. M. Cunningham





Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/ Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

1	Paralytic Indications	Prob. # 2
Prob. # 3		Prob. # 4

Date	Time	Dept.	Prob.	
7/6	5:30	N.S.		Sleeping soundly, no distress, resp. even / unlabored, no problems. changes noted, Count 9/11 and Detox. precautions & Q15' usual checks. R. Bell AP
8/4/99				at has been 7 on unit for effect & fair eye contact. states that he wants to go home. Attended participation in C.S. Mrs Gorb, Gorb press & stated that he feels contact & wants to try to maintain due personality today but that he doesn't know how. on 9/15 checks of SDA & DTR O/R
9/6/99	10:15	C.S.	1	Actively participated in group. Talked about hallucinations, detox symptoms and anxiety about dissociation. Provided support to group members and suggested AA and principles of recovery. Reviewed aftercare concerns once out of detox/acute psychosis. — T. Bourke MSWACP
9/6/99	15:15	N.S.		He was found under sink in bathroom, talking about another Terry, going to get him, & was verbally aggressive @ staff. Staff talked to him for 5-10 mins. It was "Randy" and being afraid of "Terry" who was not to get Randy. — M. Hollen Dr





**MULTIDISCIPLINARY  
PROGRESS NOTES**

MURPHY JEDIDIAH  
15/24/99  
DR ESTABROOK  
DOB 02/01/75

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Date	Time	Dept.	Prob.
9/16/99	2100	NS	<p>@ approx 2030 pt went to his room &amp; was found by staff while doing 915" 1/3" in this closet. Pt. huddled in closet &amp; sheet overhead. Verbally aggressive &amp; physically aggressive toward staff as she attempted to remove pt. from closet. Pt. repeatedly using profanity &amp; refusing to get out of closet. After encouraging verbalizations of feelings, offering PRN meds &amp; maintaining quiet throughout the milieu, it was necessary to remove pt. from closet. He became physically aggressive &amp; staff. Ex. was rec'd. for Milieu 2 mg IM which was noted &amp; administered in d.hip. Site remains healthy &amp; no redness or edema. Staff remained w/ pt. until calm &amp; required control. Pt. then attended wrap up 1.0 hrs and apologized for prior behavior. Reassurance of safety on unit by staff. Remarks on 9/17/99 by 915" 1/3" for safety. M. Cunningham</p>

# MULTIDISCIPLINARY PROGRESS NOTES

Oaks  
Hospital

3 - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
3 - Dietary Services, PS - Psychological Services,  
3 - Clinical Staff (S.W. & Therapist) MD - Physician

Date Time Dept. Prob.

Medication PRN Notes: Patient Name Jim Murphy

Ativan 2 mg PO  
(Medication, Dosage and Route)

was given at

9-6-99 1500  
(Date / Time)

Patient Education:

Cooperation in Taking Meds: ☐ Totally Cooperative ☐ Required Verbal Persuasion

☒ Other reg med.

Behaviors/Symptoms Being Treated: Anxiety

Given By

B. Butler RN

Patients Response

pt states was still feeling

(Nurse Signature)

(Date / Time)

Medication PRN Notes: Patient Name Jim Murphy

Ativan 2 mg IM  
(Medication, Dosage and Route)

was given at

9-6-99 2045  
(Date / Time)

Patient Education:

Cooperation in Taking Meds: ☐ Totally Cooperative ☐ Required Verbal Persuasion

☐ Other

Behaviors/Symptoms Being Treated: Severe agitation sitting

Given By

B. Butler RN

Patients Response

pt calmed down & was in day  
room interacting w  
other peers

(Nurse Signature)

(Date / Time)





## Therapeutic Recreation Participation Record

DR ESTABROOK  
000 11/11/17

<input checked="" type="checkbox"/> Lifestyle Mgt. <i>10:00-11:00</i> <i>100-800</i>	Group(s) / Time(s) <input checked="" type="checkbox"/> Kinetic Group <i>6:00-7:00</i>	Rec. Group _____
---	--	------------------

### 1. How was group focus related to this patient's treatment plan?

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Inability to cope<br><input checked="" type="checkbox"/> Low self esteem<br><input checked="" type="checkbox"/> Impulsive behavior<br><input checked="" type="checkbox"/> Poor Social Skills<br><input type="checkbox"/> Suicidal Ideation's<br><input type="checkbox"/> Homicidal Ideation's<br><input type="checkbox"/> Depression | <input type="checkbox"/> Aggressive outbursts<br><input checked="" type="checkbox"/> Difficulties adapting to change<br><input checked="" type="checkbox"/> Inability to express feelings<br><input type="checkbox"/> Inability maintain sobriety<br><input checked="" type="checkbox"/> Inability to solve problems<br><input type="checkbox"/> Abandonment issues<br><input checked="" type="checkbox"/> Inability to trust others | <input checked="" type="checkbox"/> Difficulties making decisions<br><input checked="" type="checkbox"/> Disordered thought process<br><input type="checkbox"/> Unable to complete task without assistance<br><input type="checkbox"/> Inability to concentrate<br><input type="checkbox"/> Inability to follow instructions<br><input type="checkbox"/> High level's of anxiety |
|--|--|--|

### 2. What specific goals were addressed?

- |  |  |
|--|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.<br><input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.<br><input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.<br><input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages.<br><input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.<br><input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.<br><input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters.<br><input checked="" type="checkbox"/> Think more clearly as demonstrated by logical speech.<br><input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.<br><input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations. |
|--|--|

### 3. Symptoms Reported and/or observed:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Suicidal Ideation<br><input type="checkbox"/> Somatic complaints<br><input checked="" type="checkbox"/> Self defeating<br><input checked="" type="checkbox"/> Depressed<br><input type="checkbox"/> Hiding<br><input type="checkbox"/> Homicidal Ideation<br><input type="checkbox"/> Angry outbursts | <input type="checkbox"/> Pressured Speech<br><input type="checkbox"/> Paranoia<br><input type="checkbox"/> Manic Tendencies<br><input type="checkbox"/> Tremulousness<br><input type="checkbox"/> Shakiness<br><input type="checkbox"/> Phobias<br><input type="checkbox"/> Panic | <input type="checkbox"/> Impaired Orientation<br><input type="checkbox"/> Cognitive Distortion<br><input type="checkbox"/> Minimization<br><input type="checkbox"/> Denial<br><input type="checkbox"/> Chem. Abuse<br><input type="checkbox"/> Delusionai<br><input checked="" type="checkbox"/> Anxious | <input type="checkbox"/> Hostility<br><input type="checkbox"/> Threats<br><input type="checkbox"/> Sleeplessness<br><input type="checkbox"/> Disorientation<br><input type="checkbox"/> Hallucinating<br><input type="checkbox"/> Labile<br><input type="checkbox"/> Other: _____ |
|--|---|--|---|

### 4. Patient response / staff assessment:

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> Attentive<br><input type="checkbox"/> Sharing<br><input checked="" type="checkbox"/> Negative | <input type="checkbox"/> Supportive<br><input type="checkbox"/> Intrusive<br><input type="checkbox"/> Defensive | <input type="checkbox"/> Guarded<br><input checked="" type="checkbox"/> Resistant<br><input type="checkbox"/> Positive | <input type="checkbox"/> Drowsy<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> No disclosure | <input type="checkbox"/> Disinterested<br><input type="checkbox"/> Attempts to monopolize<br><input checked="" type="checkbox"/> Receptive to feedback |
|--|---|--|---|--|

*Effect of group - I guarded & resistant - it needed more by to participate & do this positively - PT distracted by peer who wants ongoing relationships -*

### 5. Plan:

STAFF SIGNATURE: \_\_\_\_\_

DATE: *9/6/98*

# Patient Assessment and Activity Record For 9/7/99

2432115 AP

MURPHY JEDIDIAH  
DR ESTABROOK  
003 00000000

Hygiene & ADL  
11-7 7-3 3-11

( ) ( ) ( ) Independent

Hr. / T / P / R / BP

If functioning not independent:  
Personal Care Provided  
11-7 7-3 3-11

( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

Elimination

Incont. = I, Void = V, Stool = BM  
11-7 7-3 3-11

Weight: \_\_\_\_\_ (M & Th 3-11)

Lab Services

Admit Profile Drawn Sent  
Blood \_\_\_\_\_  
Urine \_\_\_\_\_

Hr. / T / P / R / BP

Hr. / T / P / R / BP

DX Test/Treatments

Test Time

Test Time

Nutritional (Eating)

7a 12p 5p  
( ) ( ) ( ) Refused Meal  
( ) ( ) ( ) 25%  
( ) ( ) ( ) 50%  
( ) ( ) ( ) 75%  
( ) ( ) ( ) 100%

Motivation Level to Attend  
Therapy & Activities  
7-3 3-11

( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

Precautions

11-7 7-3 3-11

( ) ( ) ( ) 1:1\*  
( ) ( ) ( ) SP I\*  
( ) ( ) ( ) SP II  
( ) ( ) ( ) EP  
( ) ( ) ( ) Seizure  
( ) ( ) ( ) Detox  
( ) ( ) ( ) R.T.F.  
( ) ( ) ( ) Seclusion\*  
( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

Intervention

11-7 7-3 3-11

( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

Sleep Pattern

11-7 7-3 3-11  
( ) ( ) ( ) hours uninterrupted  
( ) ( ) ( ) Out of bed # \_\_\_\_\_ times  
( ) ( ) ( ) Difficulty Falling to Sleep  
( ) ( ) ( ) Restless

## Education

Orientation: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Medication: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Disease: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Coping Skills: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Education Materials: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature & title staff 11-7

Signature & title staff 7-3

Signature & title staff 3-11

Assessment by RN	Behavior	Social	Mood
11-7 7-3 3-11	11-7 7-3 3-11	11-7 7-3 3-11	11-7 7-3 3-11
Affect	( ) ( ) ( ) Impulsive	( ) ( ) ( ) Appropriate	( ) ( ) ( ) Depressed
11-7 7-3 3-11	( ) ( ) ( ) Agitated	( ) ( ) ( ) Withdrawn	( ) ( ) ( ) Elated
( ) ( ) ( ) Bright	( ) ( ) ( ) Uncooperative	( ) ( ) ( ) Attention Seeking	( ) ( ) ( ) Irritable
( ) ( ) ( ) Flat	( ) ( ) ( ) Self-Destructive	( ) ( ) ( ) Manipulative	( ) ( ) ( ) Anxious
( ) ( ) ( ) Blunted	( ) ( ) ( ) Disorganized	( ) ( ) ( ) Reclusive	( ) ( ) ( ) Angry
( ) ( ) ( ) Hostile	( ) ( ) ( ) Violent	Physical Status	( ) ( ) ( ) Guilty
( ) ( ) ( ) Apathetic	( ) ( ) ( ) Hostile	✓ Abnormal findings*	Alertness
( ) ( ) ( ) Restricted	( ) ( ) ( ) Manipulative	11-7 7-3 3-11	( ) ( ) ( ) Alertness
Thought Process	( ) ( ) ( ) Inappropriate	( ) ( ) ( ) Skin	( ) ( ) ( ) Slight Drowsy
11-7 7-3 3-11	( ) ( ) ( ) Anxious	( ) ( ) ( ) Neuro-Muscular	( ) ( ) ( ) Lethargic
( ) ( ) ( ) Organized	( ) ( ) ( ) Withdrawn	( ) ( ) ( ) Cardio-Vascular	( ) ( ) ( ) Hyper-Alert
( ) ( ) ( ) Preoccupied	( ) ( ) ( ) Restless	( ) ( ) ( ) Respiratory	Insight
( ) ( ) ( ) Disorganized	Cognition	( ) ( ) ( ) Gastrointestinal	11-7 7-3 3-11
( ) ( ) ( ) Concrete	11-7 7-3 3-11	( ) ( ) ( ) Genitourinary	( ) ( ) ( ) Self-Aware
( ) ( ) ( ) _____	( ) ( ) ( ) Oriented x 3	( ) ( ) ( ) Seeks Meds	( ) ( ) ( ) Denial
11-7 RN	( ) ( ) ( ) Disoriented	( ) ( ) ( ) Somatic Complaints	( ) ( ) ( ) Some Insight
	7-3 RN	3-11 RN	



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

1	Psychotic Indications	Prob. # 2
Prob. # 3		Prob. # 4

Date	Time	Dept.	Prob.	
9/6	5:00	N.S.		Slept soundly & distressed, no problems / changes noted, Cont SPT and Detox protocol c. Q 15' visual checks. R. Miller
9/7/99	NW			pt has been now with pt after pain eye contact state that he wants to work on dealing with his alcohol & participated in O.T. (Gang) at after support to peers on 9/15 checks for SPT. B.C.
9/7/99	10:15	W.S.G.		Attended Nurse Practitioner Group Topic: Understanding Phobic Disorder: Participated in Sharing his experience and feelings with group & peers with the support of others. R. Miller
9/7/99	14:30	CS		Clinical Group - Pt. discussed exp. of life when he handled anger inappropriately. Pt. became agitated and left group when another pt. discussed sexual abuse issues. R. Miller
9/7/99	2200	NS		Has been quiet talking quietly to peers at times, supportive of peers. Q 15" visual checks for SPT/Detox continue R. Miller, RN



## Therapeutic Recreation Participation Record

MURPHY JEDIDIAH  
1/23/77  
OR ESTABROOK  
03/10/77

<input checked="" type="checkbox"/> Lifestyle Mgt. <u>1 hr. 2<sup>nd</sup></u>	<b>Group(s) / Time(s)</b> _____ Kinetic Group _____	_____ Rec. Group _____
--	--	------------------------

### 1. How was group focus related to this patient's treatment plan?

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Inability to cope<br><input checked="" type="checkbox"/> Low self esteem<br><input checked="" type="checkbox"/> Impulsive behavior<br><input checked="" type="checkbox"/> Poor Social Skills<br><input type="checkbox"/> Suicidal Ideation's<br><input type="checkbox"/> Homicidal Ideation's<br><input type="checkbox"/> Depression | <input type="checkbox"/> Aggressive outbursts<br><input checked="" type="checkbox"/> Difficulties adapting to change<br><input checked="" type="checkbox"/> Inability to express feelings<br><input type="checkbox"/> Inability maintain sobriety<br><input checked="" type="checkbox"/> Inability to solve problems<br><input type="checkbox"/> Abandonment issues<br><input checked="" type="checkbox"/> Inability to trust others | <input checked="" type="checkbox"/> Difficulties making decisions<br><input checked="" type="checkbox"/> Disordered thought process<br><input type="checkbox"/> Unable to complete task without assistance<br><input type="checkbox"/> Inability to concentrate<br><input type="checkbox"/> Inability to follow instructions<br><input type="checkbox"/> High level's of anxiety |
|--|--|--|

### 2. What specific goals were addressed?

- |  |   |
|--|---|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.<br><input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.<br><input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.<br><input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages.<br><input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.<br><input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.<br><input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters.<br><input checked="" type="checkbox"/> Think more clearly as demonstrated by logical, speech.<br><input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.<br><input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations. |
|--|---|

### 3. Symptoms Reported and/or observed:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Suicidal Ideation<br><input type="checkbox"/> Somatic complaints<br><input checked="" type="checkbox"/> Self defeating<br><input checked="" type="checkbox"/> Depressed<br><input checked="" type="checkbox"/> Hiding<br><input type="checkbox"/> Homicidal Ideation<br><input type="checkbox"/> Angry outbursts | <input type="checkbox"/> Pressured Speech<br><input type="checkbox"/> Paranoia<br><input type="checkbox"/> Manic Tendencies<br><input type="checkbox"/> Tremulousness<br><input type="checkbox"/> Shakiness<br><input type="checkbox"/> Phobias<br><input type="checkbox"/> Panic | <input type="checkbox"/> Impaired Orientation<br><input type="checkbox"/> Cognitive Distortion<br><input type="checkbox"/> Minimization<br><input type="checkbox"/> Denial<br><input type="checkbox"/> Chem. Abuse<br><input type="checkbox"/> Delusional<br><input type="checkbox"/> Anxious | <input type="checkbox"/> Hostility<br><input type="checkbox"/> Threats<br><input type="checkbox"/> Sleeplessness<br><input type="checkbox"/> Disorientation<br><input type="checkbox"/> Hallucinating<br><input type="checkbox"/> Labile<br><input type="checkbox"/> Other: _____ |
|---|---|---|---|

### 4. Patient response / staff assessment:

- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Attentive<br><input type="checkbox"/> Sharing<br><input type="checkbox"/> Negative | <input type="checkbox"/> Supportive<br><input type="checkbox"/> Intrusive<br><input type="checkbox"/> Defensive | <input type="checkbox"/> Guarded<br><input type="checkbox"/> Resistant<br><input type="checkbox"/> Positive | <input type="checkbox"/> Drowsy<br><input checked="" type="checkbox"/> Withdrawn<br><input type="checkbox"/> No disclosure | <input type="checkbox"/> Disinterested<br><input type="checkbox"/> Attempts to monopolize<br><input type="checkbox"/> Receptive to feedback |
|---|---|---|--|---|

*Pt affect flat - Pt depressed. Energy & motivation - Pt needs consistent prompting to participate - Pt states that he does not know how to deal w/ his "alters" - & he just wants to leave -*

### 5. Plan:

STAFF SIGNATURE: [Signature]

DATE: 9/7/98



MURPHY JEDIDIAH "Jim"  
3/2/77  
DR ESTABROOK  
DOB 3/2/77

Hygiene & ADL  
11-7 7-3 3-11  
( ) ( ) ( ) Independent

Hr. / T / P / R / BP

If functioning not independent:  
Personal Care Provided

11-7 7-3 3-11  
( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

Elimination

Incont. = I, Void = V, Stool = BM  
11-7 7-3 3-11

Weight: \_\_\_\_\_ (M & Th 3-11)

Lab Services

Admit Profile Drawn Sent  
Blood \_\_\_\_\_  
Urine \_\_\_\_\_

Hr. / T / P / R / BP

2000 100 130/80

Hr. / T / P / R / BP

DX Test/Treatments

Test Time

Test Time

Nutritional (Eating)

7a 12p 5p  
( ) ( ) ( ) Refused Meal  
( ) ( ) ( ) 25%  
( ) ( ) ( ) 50%  
( ) ( ) ( ) 75%  
( ) ( ) ( ) 100%

Motivation Level to Attend  
Therapy & Activities

11-7 7-3 3-11  
( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

Precautions

11-7 7-3 3-11  
( ) ( ) ( ) 1:1\*  
( ) ( ) ( ) SP I\*  
( ) ( ) ( ) SP II  
( ) ( ) ( ) EP  
( ) ( ) ( ) Seizure  
( ) ( ) ( ) Detox  
( ) ( ) ( ) R.T.F.  
( ) ( ) ( ) Seclusion\*  
( ) ( ) ( ) Restraints\*  
\* requires progress note for additional information

Intervention

11-7 7-3 3-11  
( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

Sleep Pattern

11-7 7-3 3-11  
( ) ( ) ( ) 7+ hours uninterrupted  
( ) ( ) ( ) Out of bed # \_\_\_\_\_ times  
( ) ( ) ( ) Difficulty Falling to Sleep  
( ) ( ) ( ) Restless

## Education

Orientation: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Medication: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Disease: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Coping Skills: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Education Materials: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature & title staff 11-7

Signature & title staff 7-3

Signature & title staff 3-11

Assessment by RN	Behavior	Social	Mood
11-7 7-3 3-11	11-7 7-3 3-11	11-7 7-3 3-11	11-7 7-3 3-11
<b>Affect</b>	( ) ( ) ( ) Impulsive	( ) ( ) ( ) Appropriate	( ) ( ) ( ) Depressed
11-7 7-3 3-11	( ) ( ) ( ) Agitated	( ) ( ) ( ) Withdrawn	( ) ( ) ( ) Elated
( ) ( ) ( ) Bright	( ) ( ) ( ) Uncooperative	( ) ( ) ( ) Attention Seeking	( ) ( ) ( ) Irritable
( ) ( ) ( ) Flat	( ) ( ) ( ) Self-Destructive	( ) ( ) ( ) Manipulative	( ) ( ) ( ) Anxious
( ) ( ) ( ) Blunted	( ) ( ) ( ) Disorganized	( ) ( ) ( ) Reclusive	( ) ( ) ( ) Angry
( ) ( ) ( ) Hostile	( ) ( ) ( ) Violent	<b>Physical Status</b>	( ) ( ) ( ) Guilty
( ) ( ) ( ) Apathetic	( ) ( ) ( ) Hostile	✓ Abnormal findings*	<b>Alertness</b>
( ) ( ) ( ) Restricted	( ) ( ) ( ) Manipulative	11-7 7-3 3-11	( ) ( ) ( ) Alertness
<b>Thought Process</b>	( ) ( ) ( ) Inappropriate	( ) ( ) ( ) Skin	( ) ( ) ( ) Slight Drowsy
11-7 7-3 3-11	( ) ( ) ( ) Anxious	( ) ( ) ( ) Neuro-Muscular	( ) ( ) ( ) Lethargic
( ) ( ) ( ) Organized	( ) ( ) ( ) Withdrawn	( ) ( ) ( ) Cardio-Vascular	( ) ( ) ( ) Hyper-Alert
( ) ( ) ( ) Preoccupied	( ) ( ) ( ) Restless	( ) ( ) ( ) Respiratory	<b>Insight</b>
( ) ( ) ( ) Disorganized	<b>Cognition</b>	( ) ( ) ( ) Gastrointestinal	11-7 7-3 3-11
( ) ( ) ( ) Concrete	11-7 7-3 3-11	( ) ( ) ( ) Genitourinary	( ) ( ) ( ) Self-Aware
	( ) ( ) ( ) Oriented x 3	( ) ( ) ( ) Seeks Meds	( ) ( ) ( ) Denial
	( ) ( ) ( ) Disoriented	( ) ( ) ( ) Somatic Complaints	( ) ( ) ( ) Some Insight
11-7 RN <u>K. Dr. by RN</u>	7-3 RN <u>[Signature]</u>	3-11 RN <u>[Signature]</u>	



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/ Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Prob. # 2  
Prob. # 3  
Prob. # 4

Date	Time	Dept.	Prob.	
9/8/99	0300	NS		Pt. sitting on the side of the bed. Pt. states "I had a bad dream, I'm ok." K. Deaf, RN
9/8/99	0550	NS		Laying in bed - eyes closed. Resp. even + unlabored @ this time. Remains on SPI, NIX + Vision Visual Safety Checks K. Deaf, RN
9/8/99	1400			Pt. has been in unit & not affect - fair eye contact. Attended - participated in C.T. by Gosh Gosh people that he is happy that God gave him another chance @ sanity + that he wants to accept responsibility for my acts. At 5:30 Check P. with BGR
9/99	1430	CS		Pt. attended up - says he will not kill himself because of his daughter and her need for him. Says he has a sponsor, and reaches out to him. Says his "attends" confuse him, but reasonably clear about alternate strategies besides suicide. Reality, testing fair, affect neutral, depressed mood. J. Caldwell RN SW ACP.
9/99	1830 1130	CS	1	GROUP THERAPY - 1 H. The Pt evidenced somewhat broader range of affect, moderately content mood, and relatively less agitation. He proudly identified how trigger to escalating anger over





**Glen Oaks  
Hospital**

**MULTIDISCIPLINARY  
PROGRESS NOTES**

NS -Nursing, ED - Teacher/Aide, PA-Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Date	Time	Dept.	Prob.	
9-8-99	1830 Fm 1130	CS	1	(Continued) include fantasizing wanting to kill his sexual abuse perpetrator who's been let out of prison. That stressed how his rocky upbringing and possibly even altered switching is related to reexperiencing how he felt earlier in life before the perpetrator was incarcerated for the abuse. Group work focused on constructive anger management maneuver/strategies such as shifting to neutral new "I" messages about individual feelings, needs or limits as well as identifying negative self-messages with updating based on reality based modification/changes.
9/8/99	2310	May		Stacy N. Moseley, M.A., LMSW-ACT, LPI, LAPT, CWA @ 2100 Pt. attended wrap up 1.0 hrs. D/C teaching completed & acknowledged. Denies SI/Ht. D/C & all personal belongings. D/C arranged to front entrance & facility by staff. Left unit smiling. M. B. B. B. B. B.



## Therapeutic Recreation Participation Record

24-2115 AP  
MURPHY JEDIDIAH  
1/2-1/1  
OR ESTABROOK  
DOB 11/10/1977

### Group(s) / Time(s)

☒ Lifestyle Mgt. 1245-215     ☒ Kinetic Group 6-7     ☐ Rec. Group \_\_\_\_\_  
4-5

### 1. How was group focus related to this patient's treatment plan?

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Inability to cope<br><input checked="" type="checkbox"/> Low self esteem<br><input checked="" type="checkbox"/> Impulsive behavior<br><input checked="" type="checkbox"/> Poor Social Skills<br><input type="checkbox"/> Suicidal Ideation's<br><input type="checkbox"/> Homicidal Ideation's<br><input type="checkbox"/> Depression | <input type="checkbox"/> Aggressive outbursts<br><input checked="" type="checkbox"/> Difficulties adapting to change<br><input checked="" type="checkbox"/> Inability to express feelings<br><input checked="" type="checkbox"/> Inability maintain sobriety<br><input checked="" type="checkbox"/> Inability to solve problems<br><input type="checkbox"/> Abandonment issues<br><input checked="" type="checkbox"/> Inability to trust others | <input checked="" type="checkbox"/> Difficulties making decisions<br><input checked="" type="checkbox"/> Disordered thought process<br><input type="checkbox"/> Unable to complete task without assistance<br><input type="checkbox"/> Inability to concentrate<br><input type="checkbox"/> Inability to follow instructions<br><input type="checkbox"/> High level's of anxiety |
|--|---|--|

### 2. What specific goals were addressed?

- |  |  |
|--|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.<br><input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.<br><input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.<br><input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages.<br><input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.<br><input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.<br><input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters.<br><input checked="" type="checkbox"/> Think more clearly as demonstrated by logical speech.<br><input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.<br><input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations. |
|--|--|

### 3. Symptoms Reported and/or observed:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Suicidal Ideation<br><input type="checkbox"/> Somatic complaints<br><input type="checkbox"/> Self defeating<br><input type="checkbox"/> Depressed<br><input type="checkbox"/> Hiding<br><input type="checkbox"/> Homicidal Ideation<br><input type="checkbox"/> Angry outbursts | <input type="checkbox"/> Pressured Speech<br><input type="checkbox"/> Paranoia<br><input type="checkbox"/> Manic Tendencies<br><input type="checkbox"/> Tremulousness<br><input type="checkbox"/> Shakiness<br><input type="checkbox"/> Phobias<br><input type="checkbox"/> Panic | <input type="checkbox"/> Impaired Orientation<br><input type="checkbox"/> Cognitive Distortion<br><input type="checkbox"/> Minimization<br><input type="checkbox"/> Denial<br><input type="checkbox"/> Chem. Abuse<br><input type="checkbox"/> Delusional<br><input checked="" type="checkbox"/> Anxious | <input type="checkbox"/> Hostility<br><input type="checkbox"/> Threats<br><input type="checkbox"/> Sleeplessness<br><input type="checkbox"/> Disorientation<br><input type="checkbox"/> Hallucinating<br><input type="checkbox"/> Labile<br><input type="checkbox"/> Other: _____ |
|--|---|--|---|

### 4. Patient response / staff assessment:

- |  |   |  |   |  |
|--|---|--|---|--|
| <input checked="" type="checkbox"/> Attentive<br><input type="checkbox"/> Sharing<br><input type="checkbox"/> Negative | <input type="checkbox"/> Supportive<br><input type="checkbox"/> Intrusive<br><input type="checkbox"/> Defensive | <input type="checkbox"/> Guarded<br><input type="checkbox"/> Resistant<br><input checked="" type="checkbox"/> Positive | <input type="checkbox"/> Drowsy<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> No disclosure | <input type="checkbox"/> Disinterested<br><input type="checkbox"/> Attempts to monopolize<br><input checked="" type="checkbox"/> Receptive to feedback |
|--|---|--|---|--|

pt. affect brighter today. Seemed less disturbed today.  
 No signs of internal stimuli. Stated feelings of being  
 ready to DC. Progress noted.

5. Plan: cont. TX

STAFF SIGNATURE: David Jordan TRS

DATE: 9/18/99

Glen Oaks  
Hospital

# PHYSICIAN'S ORDER (Inpatient)

27.2115 AP

JERRY JEDDOW

OK E

## Orders:

Admit to: ☐ Adult Care ☐ Special Care ☐ Youth Care ☐ ChildrenAdmitting Diagnosis: Major Depression w/ HallucinationsDiet: ☒ Regular ☐ Special/Specify type: \_\_\_\_\_Exam: ☒ H&P ☐ Defer H&P/less than 30 daysAllergies: IODINE

## Laboratory Studies:

☒ Admit Profile (CBC, Chemistry, Auto) ☒ DST ☐ Pregnancy Test, Urine☒ RPR ☐ Comp Thyroid ☒ TSH ☒ Urinalysis ☐ \_\_\_\_\_☐ \_\_\_\_\_☐ \_\_\_\_\_

Misc./Specify with Justification: \_\_\_\_\_

## PRN Meds:

☒ Tylenol 325 mg x2 PO Q 6 hr PRN for Pain☐ Tylenol 325 mg x1 PO Q 6 hr PRN for Pain☒ MOM 30 cc PO Q 6 hr PRN for Laxative☐ MOM 15 cc PO Q 6 hr PRN for Laxative☒ Advil 200 mg x2 PO Q 6 hr PRN for Pain☐ Advil 200 mg x1 PO Q 6 hr PRN for Pain☒ Maalox 30 cc PO Q 6 hr PRN for Antacid☐ Maalox 15 cc PO Q 6 hr PRN for AntacidSpecial ☐ SP I ☒ SP II ☐ EP ☐ Detox Protocol ☐ Seizure ☐ RTF 1, ☐ RTF 2

## Precautions:

Due To: \_\_\_\_\_

Restrictions/Privileges: \_\_\_\_\_

## Signatures:

Ordering Physician \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

T.O./V.O. by Nurse \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: William Edlroch MD Date 8-24-99 Time 1900Noted Betty Rister WCV Date 8-24-99 Time 2000

USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

INSTRUCTIONS:

AFTER PHYSICIAN WRITES A MEDICATION ORDER:

1. Remove yellow and pink copies.
2. Dispatch yellow copy to the Pharmacy and the pink copy to the Medication Nurse.
3. After copy 3 is used "X" out remaining unused lines.

(IMPRINT PATIENT'S PLATE HERE)

# PHYSICIAN'S ORDER

ALLERGIES:

Pl. Wt.

TRANSFER  
TO

1

2

3

DATE  
ORDERED

TIME

ORDERS:

ANOTHER BRAND OF A GENERICALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)

→

✓

8/24/99

1900

1) V/S TID

2) HT + WT + read

3) SEROQUEL 50mg po qhs

4) EFFEXOR-XR 37.5 mg po p breakfast + p lunch

5) ATIVAN 1mg po q 9AM + q 3PM

6) VIT B-100 complex t po q AM

7) MULTIVITAMIN t po q AM

Noted  
Betty Hester  
8-24-99  
7000

Wm Elbrook MD

✓

8/26/99

2030

Urine drug screen in morning

↑ EFFEXOR-XR 37.5mg p breakfast + lunch. Wm Elbrook MD

Wm Elbrook MD @ 210 8/26

✓

YOUR ORDERS FOR THE FOLLOWING MEDICATIONS  
WILL EXPIRE 9-27-99 DO YOU WISH  
TO CONTINUE THESE MEDICATIONS?

YES

NO

MEDICATION

✓

SP II

NO

✓

Diazepam

NO

✓

Ativan 1mg t P.O.

NO

✓

Q9AM and 3PM

✓

William Elbrook MD

8-27-99

(dated)

Wm Elbrook MD  
8/27/99  
1045

NO. OF ORDERS REMAINING:

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS

CHART COPY

# PHYSICIAN'S ORDER

ALLERGIES:

Pt. Wt.

1. *Iodine*

2.

3.

4.

TRANSFER TO

1

2

3

DATE ORDERED

TIME

ORDERS:

ANOTHER BRAND OF A GENERICALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)

→

✓

8/27/99

1350

1) DC ATIVAN- not working

2) KLOXAPIN 1mg po x1 now

3) SEROQUEL 25mg po x1 now

4) KLOXAPIN 1mg po q 9AM + q 3PM

5) increase Seroquel to 75 mg po qhs

Wm Etobool MD

*revised  
 Call 9/1/99  
 8/27/99  
 1350*

8/28/99

1530

K loxapin 1mg po q 9AM, q 1PM + q 5PM.

↑ Seroquel to 100mg po qhs

Wm Etobool MD

*Unated T. View RN 8-28-99 1550*

8/28/99

1600

call lab + ask them to do comprehensive drug screen

on UDS done on 8/27/99. If their sample isn't

enough then do ~~UDS~~ comprehensive drug screen on urine

sample in AM.

Wm Etobool MD

*Unated T. View RN 8-28-99 1600*

NO. OF ORDERS REMAINING

RED NUMBERS MUST SHOW THROUGH HOLE BEFORE DOCTOR WRITES ORDERS →



USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

## INSTRUCTIONS:

AFTER PHYSICIAN WRITES A MEDICATION ORDER:

1. Remove yellow and pink copies.
2. Dispatch yellow copy to the Pharmacy and the pink copy to the Medication Nurse.
3. After copy 3 is used, X out remaining unused lines.

(IMPRINT PATIENT'S PLATE HERE)

## PHYSICIAN'S ORDER

ALLERGIES

Pt. Wt.

TRANSFER  
TODATE  
ORDERED

TIME

ORDERS:

ANOTHER BRAND OF A GENERALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND  
CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)

8/29/99 Klonopin 1 mg po Now x1. per severe  
anxiety  
TO Dr Estabrook / M. Cunningham RN  
Noted T. Veier RN 1355 8/29/99 Wm Estabrook MD  
8-29-99 1445

YOUR ORDERS FOR THE FOLLOWING MEDICATIONS WILL EXPIRE 8/30/99 TO CONTINUE THESE MEDICATIONS?			DO YOU WISH
YES	MEDICATION	NO	
<input checked="" type="checkbox"/>	SP-2	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Detox	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
8-30-99 Wm Estabrook MD		.M.D.	
(dated)			

Wm Estabrook MD  
8/30/99  
VAB

8/30/99 1800

increase Serenol to 150 mg po qds

Wm Estabrook MD

Noted  
Betty 8:30-99  
1800

VAB

NO. OF ORDERS REMAINING

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS →



USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

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(IMPRINT PATIENT'S PLATE HERE)

# PHYSICIAN'S ORDER

ALLERGIES:

Pl. Wt.

TRANSFER  
TO

1

2

3

DATE ORDERED	TIME	ORDERS: ANOTHER BRAND OF A GENERICALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)	✓															
8/30	11:59	<p>① Paternal Tears - Use as directed, PRN. T.O. DR. Moslamalla / R. Bell RN</p> <p><i>Noted 8-31-99 RD</i> <i>in Elbrook MD 8-31-99 2100</i></p> <div style="border: 1px solid black; padding: 5px;"> <p>YOUR ORDERS FOR THE FOLLOWING MEDICATIONS WILL EXPIRE <u>8-31-99</u> DO YOU WISH TO CONTINUE THESE MEDICATIONS?</p> <table border="1"> <thead> <tr> <th>YES</th> <th>MEDICATION</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Klonopin 1mg i</td> <td><input type="checkbox"/> P.O. Q 9AM, 1PM, 5PM</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><i>8-31-99</i> <i>in Elbrook MD</i> .M.D. (dated)</p> </div>	YES	MEDICATION	NO	<input checked="" type="checkbox"/>	Klonopin 1mg i	<input type="checkbox"/> P.O. Q 9AM, 1PM, 5PM	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
YES	MEDICATION	NO																
<input checked="" type="checkbox"/>	Klonopin 1mg i	<input type="checkbox"/> P.O. Q 9AM, 1PM, 5PM																
<input type="checkbox"/>		<input type="checkbox"/>																
<input type="checkbox"/>		<input type="checkbox"/>																
<input type="checkbox"/>		<input type="checkbox"/>																
8/31/99	2100	<p>LOXITANE 25 mg po qhs DC SEROQUEL KLONOPIN 2mg po qhs</p> <p><i>Noted Loxitane use in Elbrook MD 8-31-99 2130</i></p>																

NO. OF ORDERS REMAINING

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS

USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

## INSTRUCTIONS:

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(IMPRINT PATIENT'S PLATE HERE)

## PHYSICIAN'S ORDER

ALLERGIES:

Pt. Wt.

TRANSFER TO

DATE ORDERED

TIME

ORDERS:

ANOTHER BRAND OF A GENERALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)

9-1-99

1745

SEROQUEL 150mg po qhs

LOXITANE 25mg po qhs

DC HS Klonopin.

Wm. G. School MD

9-1-99

1800

Loxiane 10mg po q 6hrs prn agitation

Wm. G. School MD

Noted  
Betty Hunter  
9-1-99  
1800

YOUR ORDERS FOR THE FOLLOWING MEDICATIONS  
WILL EXPIRE 9-2-99 DO YOU WISH  
TO CONTINUE THESE MEDICATIONS?

YES

MEDICATION

NO

☒

SPII

☐☒

DTX

☐☐☐☐☐

Wm. G. School MD

.M.D.

9-3-99

(dated)

9/2/99

1500

Ativan 2mg po x1 for Agitation

G. or S. S. / S. S. S. S.

Wm. G. School MD

9-3-99  
1130

Noted  
Betty Hunter  
9-2-99  
1500

NO. OF ORDERS REMAINING

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS

USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

## INSTRUCTIONS:

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(IMPRINT PATIENT'S PLATE HERE)

## PHYSICIAN'S ORDER

ALLERGIES:

Pt. Wt.

1.

2.

3.

4.

TRANSFER  
TO

1

2

3

DATE  
ORDERED

TIME

ORDERS:

ANOTHER BRAND OF A GENERALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND  
CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)

YOUR ORDERS FOR THE FOLLOWING MEDICATIONS  
WILL EXPIRE 9-3-99 DO YOU WISH  
TO CONTINUE THESE MEDICATIONS?

YES

MEDICATION

NO

☒

Klonopin 1mg PO

☐ Q 9am, 1pm, 5pm☐☐☐

9-3-99  
(dated)

Wm. Edsbrook MD M.D.

9-3-99

1400

Copitane 10mg po q 9AM + q 3PM.

Staff to be aware pt is considering killing himself if can't get  
voice to stop shouting him.

Wm. Edsbrook MD

9-3-99 @ 1730

X-Ray @ Knee and reevaluation by  
Dr. Farooq after X-Ray results rec'd on 9/3/99.  
Ultram 100mg po x 1 now for pain  
To Mr. Farooq / M. Cunningham RN

Noted 9/3/99 @ 1730 M. Cunningham RN

NO. OF ORDERS REMAINING

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS

USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

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# PHYSICIAN'S ORDER

ALLERGIES:

Pt. Wt.

1.  
2.  
3.  
4.

TRANSFER TO

1

2

3

DATE ORDERED

TIME

ORDERS:

ANOTHER BRAND OF A GENERALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)



9/4/99

1055

Ultram 50mg T.P.O. q 6-8 PRN pain  
T.O. Dr. Moolamalla / M Holden RN  
Noted M Holden RN 1055 9/4/99

1767, 17

YOUR ORDER FOR THE FOLLOWING MEDICATIONS WILL EXPIRE 9/5/99 DO YOU WISH TO CONTINUE THESE MEDICATIONS?		
YES	MEDICATION	NO
<input checked="" type="checkbox"/>	SP II	<input type="checkbox"/>
<input checked="" type="checkbox"/>	DTX	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Elkeror XR 75mg	<input type="checkbox"/>
<input type="checkbox"/>	M. P. n. n.	<input type="checkbox"/>
9-6-51 (dated)		M.D.

no p breakfast & lunch

9-6-99  
2020

Noted M Holden RN 9/6/99 1300  
Ativan 11mg IM x1 now for agitation  
T.O. Dr. Moolamalla / M Holden RN  
Noted M Holden RN

NO. OF ORDERS REMAINING

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS



USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

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(IMPRINT PATIENT'S PLATE HERE)

## PHYSICIAN'S ORDER

ALLERGIES:

Pl. Wt.

TRANSFER  
TO

1

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3

DATE ORDERED	TIME	ORDERS:	ANOTHER BRAND OF A GENERALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)	→	✓															
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>YOUR ORDERS FOR THE FOLLOWING MEDICATIONS WILL EXPIRE <u>9-6-99</u> DO YOU WISH TO CONTINUE THESE MEDICATIONS?</p> <table border="1"> <thead> <tr> <th>YES</th> <th>MEDICATION</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><u>Ativan 2mg P.O.</u></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><u>Klonopin 1mg P.O.</u></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><u>William Estabrook MD M.D.</u> <u>9-7-99</u> (initials)</p> </div> <div style="margin-top: 10px;"> <p><i>Noted from D: Hunt 9/7/99</i></p> </div>						YES	MEDICATION	NO	<input checked="" type="checkbox"/>	<u>Ativan 2mg P.O.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Klonopin 1mg P.O.</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
YES	MEDICATION	NO																		
<input checked="" type="checkbox"/>	<u>Ativan 2mg P.O.</u>	<input type="checkbox"/>																		
<input checked="" type="checkbox"/>	<u>Klonopin 1mg P.O.</u>	<input type="checkbox"/>																		
<input type="checkbox"/>	_____	<input type="checkbox"/>																		
<input type="checkbox"/>	_____	<input type="checkbox"/>																		
9-7-99	1915	<p>DC Klonopin</p> <p>Begin Ativan 1mg po q 9AM, 8 1300, 8 1700</p> <p><i>Wm Estabrook MD</i></p> <p><i>Noted 9/8 3:00AM A. Bell RN</i></p>																		

NO. OF ORDERS REMAINING

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS

USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

1. Remove yellow and pink copies.  
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(IMPRINT PATIENT'S PLATE HERE)

# PHYSICIAN'S ORDER

ALLERGIES:

Pt. Wt.

1.	
2.	
3.	
4.	

TRANSFER  
TO

1

2

3

DATE  
ORDERED

TIME

ORDERS:

ANOTHER BRAND OF A GENERALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND  
CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)



YOUR ORDERS FOR THE FOLLOWING MEDICATIONS  
WILL EXPIRE 9-8-99 DO YOU WISH  
TO CONTINUE THESE MEDICATIONS?

YES

MEDICATION

NO

☐

SP II

☒☐

DTX

☒☐☐☐☐

William Edsbrook MD, M.D.  
9-8-99  
(dated)

Noted  
D. H. H. H.  
9/8/99

9-8-99 2030

- 1) Discharge from inpt program at pt's request to return home.
- 2) pt to have IT @ John MOTLEY AT VAN ZANDT COUNTY COUNSELING CTR.
- 3) Pt to have psychiatric follow up at Terrell MHMA clinic.
- 4) Send home to prescriptions for:
  - EFFEXOR-XR 150mg po p breakfast
  - SEROQUEL 100mg po qhs
  - Ativan 1mg po q 6hr prn nervousness
- 5) Disch DX:
  - Major Depression, single episode, severe
  - DISSOCIATIVE IDENTITY DISORDER
  - ALCOHOLIC DEPENDENCE BY HX
- 6) Disch GAF is 40

William Edsbrook MD

NO. OF ORDERS REMAIN

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS

CHART COPY



Glen Oaks  
Hospital

# Consent to Treatment with Psychoactive Medication

2702115 AP

MURPHY JEDIDIAH

DR ESTABROOK

The Individual Jed Murphy being served at Glen Oaks Hospital, on 8-24-99  
(Date)

has received a complete explanation of: Antipsychotic  
Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate accomplishment by a ✓ mark
1. The nature of his/her mental and physical condition.	✓
2. The expected beneficial effects on his/her condition as a result of treatment with the medication(s).	✓
3. The probable health and mental health consequences of not taking the medication, including the occurrence, increase, or reoccurrence of symptoms of mental illness.	✓
4. The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	✓
5. A description of the proposed course of treatment with the medication(s).	✓
6. The fact that side effects varying degrees of severity are a risk of all medications.	✓
7. The relevant side effects of the medication(s) being prescribed are explained, including: <ul style="list-style-type: none"> <li>Any side effects which are known to frequently occur in most individuals;</li> <li>Any side effects to which the individual may be predisposed;</li> <li>The nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.</li> </ul>	✓
8. The need to advise staff immediately if any of these side effects occur.	✓
9. An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	✓
10. A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	✓
11. An offer to answer any questions concerning this treatment.	✓

I have read and received a complete explanation of the psychoactive medication(s) by means of:  
(✓those appropriate) ☒ Oral explanation, ☐ Printed material Other \_\_\_\_\_  
(Specify)



# Consent to Treatment with Psychoactive Medication

have also received the Consent to Treatment with Psychoactive Medication Information Sheet (9-7.1 or 9-7.2) and the printed material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (class) as indicated on the front of this form. I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.

I understand that if I have been committed under provisions other than those found in the Texas Mental Health Code (i.e., Code of Criminal Procedures, Family Code) the decision to administer psychoactive medication is within the discretion of my doctor during the first 14 days of my commitment. If I do not wish to take the medication, it may still be given to me if the doctors concur despite my objection.

Signature of Patient: *Jodi L. Murphy* Date: 8-24-99

Signature of Representative: *Betty Lister* Relationship to Patient: hu Date: 8-24-99

Signature of Physician, P.A., R.Ph., RN or LVN Giving Explanation: *Wm. E. Smith MD* Date: 5-25-99

Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN (required within two working days of P.A., R.Ph., RN or LVN giving explanation) \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FOR TREATMENT INVOLVING A MINOR:

For this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- Name of one or both parents, if known: \_\_\_\_\_
- Name of legally authorized representative of person, if appointed: \_\_\_\_\_
- Date on which treatment is to begin: \_\_\_\_\_

## WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for \_\_\_\_\_  
(Name of Psychoactive Medication or Medication Group)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_



# Consent to Treatment with Psychoactive Medication

21.2115 AP

MURPHY JEDIDIAH

DR. E. A. K. K.

The Individual Jed Murphy, being served at Glen Oaks Hospital, on \_\_\_\_\_ (Date)

has received a complete explanation of: Sedative Hypnotic  
Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate accomplishment by a ✓ mark
1. The nature of his/her mental and physical condition.	—
2. The expected beneficial effects on his/her condition as a result of treatment with the medication(s).	—
3. The probable health and mental health consequences of not taking the medication, including the occurrence, increase, or reoccurrence of symptoms of mental illness.	—
4. The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	—
5. A description of the proposed course of treatment with the medication(s).	—
6. The fact that side effects varying degrees of severity are a risk of all medications.	—
7. The relevant side effects of the medication(s) being prescribed are explained, including: <ul style="list-style-type: none"> <li>• Any side effects which are known to frequently occur in most individuals;</li> <li>• Any side effects to which the individual may be predisposed;</li> <li>• The nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.</li> </ul>	—
8. The need to advise staff immediately if any of these side effects occur.	—
9. An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	—
10. A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	—
11. An offer to answer any questions concerning this treatment.	—

I have read and received a complete explanation of the psychoactive medication(s) by means of:  
(✓those appropriate) ☐ Oral explanation, ☐ Printed material Other \_\_\_\_\_

(Specify)



# Consent to Treatment with Psychoactive Medication

I have also received the Consent to Treatment with Psychoactive Medication Information Sheet (9-7.1 or 9-7.2) and the printed material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (as indicated on the front of this form). I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.

I understand that if I have been committed under provisions other than those found in the Texas Mental Health Code (i.e., Code of Criminal Procedures, Family Code) the decision to administer psychoactive medication is within the discretion of the doctor during the first 14 days of my commitment. If I do not wish to take the medication, it may still be given to me if the doctors concur despite my objection.

Signature of Patient: Jedidiah L. Murphy Date: 8-24-99

Signature of Representative: Wm. G. Estabrook MD Relationship to Patient: Wife Date: 8-24-99  
 Signature of Treating Physician: Wm. G. Estabrook MD Date: 8-25-99

Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN (required within two working days of P.A., R.Ph., RN or LVN giving explanation) Date: \_\_\_\_\_

## CONSENT FOR TREATMENT INVOLVING A MINOR:

This consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- Name of one or both parents, if known: \_\_\_\_\_
- Name of legally authorized representative of person, if appointed: \_\_\_\_\_
- Date on which treatment is to begin: \_\_\_\_\_

## WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for \_\_\_\_\_  
 (Name of Psychoactive Medication or Medication Group)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_




# Consent to Treatment with Psychoactive Medication

21 2115 AP  
MURPHY JEDIDIAH  
7/24/77  
DR ESTABROOK  
DOB 7/24/77

The Individual Jed Murphy, being served at Glen Oaks Hospital, on 8-24-99  
(Date)  
has received a complete explanation of: Anti depressant  
Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate accomplishment by a ✓ mark
1. The nature of his/her mental and physical condition.	
2. The expected beneficial effects on his/her condition as a result of treatment with the medication(s).	✓
3. The probable health and mental health consequences of not taking the medication, including the occurrence, increase, or reoccurrence of symptoms of mental illness.	✓
4. The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	✓
5. A description of the proposed course of treatment with the medication(s).	✓
6. The fact that side effects varying degrees of severity are a risk of all medications.	✓
7. The relevant side effects of the medication(s) being prescribed are explained, including: <ul style="list-style-type: none"> <li>Any side effects which are known to frequently occur in most individuals;</li> <li>Any side effects to which the individual may be predisposed;</li> <li>The nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.</li> </ul>	✓
8. The need to advise staff immediately if any of these side effects occur.	✓
9. An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	✓
10. A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	✓
11. An offer to answer any questions concerning this treatment.	✓

I have read and received a complete explanation of the psychoactive medication(s) by means of:  
(✓those appropriate) ☒ Oral explanation, ☐ Printed material Other \_\_\_\_\_  
(Specify)



# Consent to Treatment with Psychoactive Medication

I have also received the Consent to Treatment with Psychoactive Medication Information Sheet (9-7.1 or 9-7.2) and the related material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (as indicated on the front of this form). I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.

I understand that if I have been committed under provisions other than those found in the Texas Mental Health Code (i.e., Code of Criminal Procedures, Family Code) the decision to administer psychoactive medication is within the discretion of the doctor during the first 14 days of my commitment. If I do not wish to take the medication, it may still be given to me if the doctors concur despite my objection.

\_\_\_\_\_  
Patient Date 8-24-99

\_\_\_\_\_  
Representative Relationship to Patient Date 8-24-99  
\_\_\_\_\_  
Physician, P.A., R.Ph., RN or LVN Giving Explanation Date 8-25-99  
\_\_\_\_\_  
Wm. G. Stroh MD

\_\_\_\_\_  
Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN Date  
(Required within two working days of P.A., R.Ph., RN or LVN giving explanation)

## CONSENT FOR TREATMENT INVOLVING A MINOR:

This consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- a) Name of one or both parents, if known: \_\_\_\_\_
- b) Name of legally authorized representative of person, if appointed: \_\_\_\_\_
- c) Date on which treatment is to begin: \_\_\_\_\_

## WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for \_\_\_\_\_  
(Name of Psychoactive Medication or Medication Group)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date





Glen Oaks Hospital  
301 E Division  
P.O. Box 1885  
Greenville, Texas 75403

# MEDICATION ADMINISTRATION RECORD/ PHARMACY PROFILE

ROUTINE  
MEDICATIONS

ADDRESSOGRAPH		HT		WT		ALLERGIES:		PHYSICIAN: <i>Esteban</i>		UNIT: <i>AP</i>		NURSE'S SIGNATURE		INIT.	
J. J. J. J.		DIAGNOSIS:		LEGEND: Circle time not given with reason & initial P=on Pass R=Refused H=Hold O=Omitted		NURSE'S SIGNATURE		INIT.		DATE		DATE		DATE	
MEDIATIONS DOSAGE, FREQUENCY		START DATE		STOP DATE		TIMES TO BE GIVEN		DATE		DATE		DATE		DATE	
Vit. B-100 complex 1 PO QAM		8/24/24		9/1/24		0900		0900		0900		0900		0900	
Multi-Vit. 1 PO QAM		8/24/24		9/1/24		0900		0900		0900		0900		0900	
Effexor XR 75mg PO p breakfast lunch 26/16		8/24/24		9/1/24		0900		0900		0900		0900		0900	
Quinidine 200 9 am, 1300, 1700 mcs		8/24/24		9/1/24		0900		0900		0900		0900		0900	



Glen Oaks Hospital  
301 E Division  
P.O. Box 1885  
Greenville, Texas 75403

# MEDICATION ADMINISTRATION RECORD/ PHARMACY PROFILE

ROUTINE  
MEDICATIONS

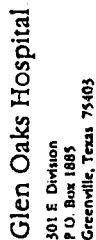
ADDRESSOGRAPH

HT		WT		ALLERGIES:		PHYSICIAN: <i>Estabrook</i>		UNIT: <i>AP</i>	
DIAGNOSIS:		NURSE'S SIGNATURE: <i>[Signature]</i>		INIT: <i>BS</i>		NURSE'S SIGNATURE: <i>[Signature]</i>		INIT: <i>BS</i>	
LEGEND: Circle time not given with reason & initial P=on Pass R=Refused H=Hold O=Omitted		NURSE'S SIGNATURE: <i>[Signature]</i>		INIT: <i>BS</i>		NURSE'S SIGNATURE: <i>[Signature]</i>		INIT: <i>BS</i>	
MEDICATIONS DOSAGE, FREQUENCY		START DATE		STOP DATE		DATE		DATE	
1. <i>Levetiracetam 500mg qd</i>		8/24		8/25		8/24		8/25	
2. <i>Effexor XR 37.5mg po qd</i>		8/24		8/25		8/24		8/25	
3. <i>Ativan 1mg po q qam + q 3pm</i>		8/24		8/25		8/24		8/25	
4. <i>Zit 100 comp tabs po qam</i>		8/24		8/25		8/24		8/25	
5. <i>Multa Vit 1000 tabs po qam</i>		8/24		8/25		8/24		8/25	
6. <i>Epivir XR 75mg po p bid</i>		8/24		8/25		8/24		8/25	
7. <i>Kimopin 1mg po qd</i>		8/24		8/25		8/24		8/25	
8. <i>Quaguard 75mg po qd</i>		8/24		8/25		8/24		8/25	

CANARY - TO PHARMACY AT DISCHARGE

WHITE - TO CHART

REFER TO ITEM # GOH-MR-004



## MEDICATION ADMINISTRATION RECORD/ PHARMACY PROFILE

ROUTINE  
CATIONS

Case 3:10-cv-00163-N Document 42-14 Filed 05/05/10 Page 400 of 548 PageID 8858

ADDRESSOGRAPH		HT	WT	ALLERGIES:		PHYSICIAN: <i>Catalano</i>		UNIT: <i>AP</i>		NURSE'S SIGNATURE		DATE		DATE		DATE		DATE	
DIAGNOSIS:		LEGEND: Circle time not given with reason & initial P=on Pass R=Refused H=Hold O=Omitted		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE	
STOP DATE		START DATE		TIMES TO BE GIVEN		DATE		DATE		DATE		DATE		DATE		DATE		DATE	
N	Klonopin 1mg PO q 9AM, 8PM, 8:45PM mcs	8/28	8/28	0900 1300 1700	TV TV TV	8/29	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8			
N	Seroguel 100mg PO qHS mcs	8/28	8/28	2100	TV	8/29	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8			
N	Seroguel 150mg PO qHS mcs	8/28	8/28	2100	TV	8/29	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8			
N	Propranolol 35mg PO qHS mcs	8/28	8/28	2100	TV	8/29	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8			
N	Klonopin 1mg PO qHS mcs	8/28	8/28	2100	TV	8/29	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8			
N	Seroguel 150mg PO qHS mcs	8/28	8/28	2100	TV	8/29	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8			
N	Lexitane 10mg PO q 9AM + 3PM mcs	8/28	8/28	0900 1500	TV TV	8/29	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8			
N	Lexitane 10mg PO qHS mcs	8/28	8/28	2100	TV	8/29	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8			

WHITE • TO CHART

**CANARY - TO PHARMACY AT DISCHARGE**

REFER TO ITEM # G0H-MR-004

GO1925

## Page 1

[illegible]



## PRN/STAT MEDICATION ADMINISTRATION RECORD

[illegible]

Glen Oaks  
Hospital

# CONTINUING CARE DISCHARGE PLANNING PART I

(Please Press Hard)

ADDRESSOGRAPH

NAME <i>Jedidiah Murphy</i>	DISCHARGE DATE <i>09-08-99</i>	M.R. # <i>7272</i>
HOME ADDRESS <i>6305 FM 429 Kaufman 75142</i>	PHYSICIAN <i>Estabrook</i>	
PATIENT TELEPHONE NUMBER <i>972-962-7443</i>	PHYSICIAN TELEPHONE # <i>903-454-6000</i>	

FINANCIAL SUPPORT EDUCATION/ VOCATIONAL PLANS	SCHOOL	WORK
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> PART-TIME
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> FULL-TIME
	<input type="checkbox"/> OTHER (PLEASE EXPLAIN)	

	NAME	ADDRESS	TELEPHONE#	DATE OF NEXT APPT.	TIME
PSYCHIATRIST	<i>Terrell M. H. R.</i>	<i>Terrell Texas</i>			
INDIVIDUAL THERAPIST	<i>John Matley</i>	<i>Van Zandt County Counseling Center</i>		<i>To be arranged by PT</i>	
CONTINUING CARE					
FAMILY PHYSICIAN					
OTHER (FAMILY, COUPLES etc.)					

INCLUDE OTHER TREATMENT RECOMMENDATIONS SUCH AS JOURNAL WRITING, OTHER SUPPORT GROUPS, SPECIFIC EXERCISE PROGRAMS, etc. ALSO ADDRESS SOCIAL SERVICES COMPONENTS SUCH AS APPOINTMENT WITH STATE DISABILITY, THE DEPARTMENT OF SOCIAL SECURITY, WELFARE, FOODSTAMPS, etc.

GROUP / SERVICE	TIME	DAYS
<i>AA mtgs / 12-step program / involvement</i>		<i>Daily x 90 days</i>

PERSONS IN RECOVERY FROM CHEMICAL DEPENDENCY ARE EXPECTED TO ATTEND 90 NA OR AA MEETINGS IN THE 90 DAYS FOLLOWING DISCHARGE. A WEEKLY SCHEDULE FOLLOWS:

NA/AA SPONSOR & TELEPHONE #	NA/AA SPONSOR & TELEPHONE #
TREATMENT SUMMARY (INCLUDE DISCHARGE DIAGNOSIS)	

*Discharge Dx - Major Depression Single Episode, Severe Dissociative Identity Disorder Alcohol Dependence by History medication management*

*6AF-40*

*attendance 5/12 step meetings*

PROBLEM AREAS TO BE ADDRESSED IN CONTINUING CARE:	<i>suicidality, hallucinations, hx of ETOH dependence</i>
LEISURE/SOCIAL (T.R. INPUT):	<i>self worth, delusions, coping skills</i>

THREE MONTH GOALS FOR CONTINUING CARE:	<i>absence of suicidality &amp; hallucinations, continued abstinence from ETOH</i>
LEISURE/SOCIAL (T.R. INPUT):	<i>pt. will be free from self harm w/ &amp; delusional states &amp; reality-based thing.</i>

FAMILY/SIGNIFICANT OTHERS PARTICIPATE AS FOLLOWS:	INDIVIDUAL	GROUP
OTHER (IDENTIFY)		





# CONTINUING CARE DISCHARGE PLANNING PART II

(Please Press Hard)

MURPHY JEDIDIAH  
OR ESTABROOK  
DORSETT

ADDRESS GRAPH

DISCHARGE TO: Home TRANSFERRED TO: \_\_\_\_\_ DATE OF NEXT ATTENDANCE: \_\_\_\_\_  
☐ ROUTINE ☐ AMA ☒ AT PATIENT'S OR FAMILY'S REQUEST ☐ OTHER (EXPLAIN) \_\_\_\_\_  
 TRANSPORTATION - ☐ PERSONAL CAR ☐ PARENT/RELATIVE ☐ PUBLIC ☐ SELF ☐ OTHER (EXPLAIN) \_\_\_\_\_  
 TIME PATIENT LEFT HOSPITAL: \_\_\_\_\_

ACCOMPANIED BY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ I HAVE RECEIVED ALL PERSONAL ITEMS & VALUABLES - PATIENT'S INITIAL: Jm

MEDICATION	DOSAGE	FREQUENCY	ROUTE
Ativan 1 mg PO	1 mg	Every 6 hrs as needed	by mouth RX for 30
Seroquel 100 mg PO	100 mg	1 @ bedtime	by mouth RX for 30
Effexor-XR 150 mg PO	150 mg	1 @ breakfast	by mouth RX for 30

## PATIENT DEMONSTRATES UNDERSTANDING OR KNOWLEDGE OF:

REFERRALS OR PLACEMENT ☒ YES ☐ NO ☐ NA MEDICATIONS HAVE BEEN EXPLAINED TO MY SATISFACTION PT'S INITIAL: Jm  
 POTENTIAL DRUG-FOOD INTERACTION ☒ YES ☐ NO ☐ NA WHEN & HOW TO SEEK FURTHER TREATMENT ☒ YES ☐ NO ☐ NA  
 MEDICATIONS & HOW TO ADMINISTER ☒ YES ☐ NO ☐ NA FAMILY DEMONSTRATES ABILITY TO CARE FOR PT. ☒ YES ☐ NO ☐ NA  
 IF PT IS UNABLE, FAMILY IS KNOWLEDGABLE ☒ YES ☐ NO ☐ NA NUTRITION INTERVENTION AND/OR MODIFIED DIET ☒ YES ☐ NO ☐ NA  
 IMPORTANCE OF GETTING MEDS FILLED PRIOR TO NEXT SCHEDULED DOSAGE ☒ YES ☐ NO ☐ NA  
 IMPORTANCE OF COMMUNICATING WITH ATTENDING PHYSICIAN IF EXPERIENCING SIDE EFFECTS ☒ YES ☐ NO ☐ NA  
 MEDICAL CONDITION ☐ YES ☐ NO ☒ NA, PERTINENT LAB FINDINGS ☐ YES ☐ NO ☒ NA, OTHER FOLLOW-UP ISSUES ☐ YES ☐ NO ☒ NA  
 PRESCRIPTIONS HAVE BEEN GIVEN TO THE PATIENT ☒ YES ☐ NO ☐ NA (IF NO) EXPLAIN WHY  
 PRESCRIPTIONS HAVE NOT BEEN WRITTEN. \_\_\_\_\_  
 PRESCRIBED MEDICATIONS ARE AVAILABLE THROUGH INSURANCE, SELF-PAY etc. ☒ YES ☐ NO ☐ NA  
 DURING TREATMENT, PHYSICAL PROBLEMS THAT WERE IDENTIFIED \_\_\_\_\_

SPECIAL INSTRUCTIONS

TO WHOM?

NURSING SUMMARY OF PATIENT'S CONDITION UPON DISCHARGE:

PRESCRIBING M.D.

appears medically stable to Dr. @ this X

I UNDERSTAND AND AGREE WITH THE PRECEDING INSTRUCTIONS		CARE MANAGER SIGNATURE	DATE
PATIENT SIGNATURE <u>[Signature]</u>	DATE <u>8-8-99</u>	T.R. SIGNATURE <u>D. Man MA CRP</u>	DATE <u>8-25-99</u>
FAMILY OR SIGNIFICANT OTHER SIGNATURE	DATE	MSN/THERAPIST SIGNATURE <u>[Signature]</u>	DATE <u>8/25/99</u>
R.N. SIGNATURE <u>[Signature]</u>	DATE <u>8-8-99</u>	PHYSICIAN SIGNATURE <u>Ken Estabrook MD</u>	DATE <u>8-8-99</u>



## MOBILE ASSESSMENT RESPONSE TEAM

GLEN OAKS HOSPITAL  
MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES  
301 E. DIVISION  
GREENVILLE, TEXAS  
1-800-443-1109 / (903) 454-6000

PROFESSIONAL REFERRAL

DATE

8/24/99

TO:

TELEPHONE NUMBER

Jedidiah Murphy

1. North Star - Magellan - 800-442-7187
2. Terrell M HMR - Out Pt 972-563-0292
3. Inpt. Dr. Estabrook - 903-454-6000

You are encouraged to contact one of the above referrals as soon as possible.

SINCERELY,

Santa Waller  
ASSESSMENT COUNSELOR

MA L&L CDC  
CREDENTIALS

AUTHORIZATION TO RELEASE NAME AND ASSESSMENT INFORMATION:

SIGNATURE

Please see reverse for list of Glen Oaks Hospital services.

White Individual

Yellow Chart

Pink Glen Oaks

190824-1201 - 10/24/09 10:23 AM 10/24/09

LAST NAME: Murphy, FIRST: Jeddian, M.I.: , SEX: M, DOB: 10/24/09

ADDRESS: 6305 FM 429, CITY: KATMAN, TX, ZIP: 75442, SSN: 456-71-2610

EMPLOYER: Waldrop Carpets, EMPLOYERS ADDRESS: 902-524-1124

GUARANTOR: MODESTO, RELATIONSHIP: , CITY: KATMAN, TX, ZIP: 75442

ADDRESS: 1000 W. 100th St., CITY: KATMAN, TX, ZIP: 75442

MEDICARE #: , MEDICAD ID #: , WORKER'S COMP: , INJURED NAME: , RELATIONSHIP: , GROUP #: , POLICY #: , ENROLLMENT: , HOSPITAL OR ER #: , DIRECT ADMIT: , RECEIVING PHYSICIAN:

PICK UP LOCATION: , DESTINATION: , MEDICAL NECESSITY FOR AMBULANCE TRANSPORT:

PATIENT AUTHORIZATION AND RELEASE:

I grant permission to the physician in charge of the case of the above named patient to employ such procedures as they may deem necessary in the diagnosis and treatment of this case. I authorize any physician or hospital who has attended me to furnish the insurance company, or its representatives, any physician, nursing home or other health care facility to which the patient is transferred or later receives treatment, any medical record or other information requested.

Patient Signature: , Date: , Witness Signature: , Date:

PP: ch 1 2 3 4 5, isport 1 2 3 4 5

☐ Emergency, ☐ Transfer, ☐ Return Trip

TOTAL MILES: , WAITING TIME: Start: , End: , TOTAL (MIN): , STANDBY TIME: Start: , End: , TOTAL (MIN):

QTY	CIRCLE CORRECT SIZE	QTY	CIRCLE CORRECT SIZE	QTY	CIRCLE CORRECT SIZE	QTY	CIRCLE CORRECT SIZE
PROCEDURES				SOLUTIONS			
	Artificial Ventilation		Oropharyngeal - Sz:		NS - 250 / 500 / 1000		Adenocard
	Bandaging		Tube Tamer		CATHETER / NEEDLES		Albuterol
	Blood Glucose Test		Stylet - Adult / Pedi		Aspiration Needle		Atropine - Adult / Pedi
	Cardioversion / Pacing		SUCTION SUPPLIES		Catheter - 14g / 16g / 18g		Benadryl
	Cricothyrotomy		Suction Bags		Catheter - 20g / 22g		Brethine
	CPR		Suction Canister		Butterfly - 18g / 21g / 23g		Calcium Chloride
	Defibrillation		Suction Catheter		Needle 18g		Dextrose - Adult / Pedi
	Drug Admin. IV / ET / IM		Suction Tubing		Needle 18g		Dopamine Drip
	Drug Admin. PO / SL / SQ		Tonsil Tip Suction		SYRINGES		Epi (1:10,000) - Adult / Pedi
	EKG Monitoring		TAPE		1cc / 3cc / 6cc / 12cc / 35cc		Epi (1:10,000)
	Infection Control Precaution		1" / 2"		MISC. SUPPLIES		Glucagon
	Intubation		BANDAGES		Alcohol Gel		Glucose Paste
	IV Attempt		Bandaids		Alcohol Prep Pads		Ipecac
	Mast		Kerlix / Kling		Ammonia Inhalant		Lasix
	O <sub>2</sub> Administration		Triangular / Cravat		Benzoin		Lidocaine - Adult / Pedi
	Pulse Oximeter		DRESSINGS		Betadine		Lidocaine Jelly
	Chest Decompression		4" x 4" Pads		BioHazard Bag		Lido Drip
	Spine Immobilization		ABD Pads		Bite Block		Mag Sulfate
	Splinting / Traction		Burn Sheet		Blue Pad (Underpad)		Narcan
	Splinting / Other		Multi-Trauma Dressing		Body Bag		Neosynephrine
	Suction Airway		Vaseline Gauze		Bulb Syringe		Nitro Spray
	Other:		CERVICAL COLLAR		Emesis Basin		Nubain
	O <sub>2</sub> ADMINISTRATION		Stiffneck - Sz:		Faceshield		Phenergen
	BVM - Adult / Pedi / Infant		HeadBed		Gloves		Procardia
	Nasal Cannula		EKG SUPPLIES		Gowns		Proventil
	Nebulizer Kit		Defib. Medium Gel / Pad		OB Kit		Sod. Bicarb - Adult / Pedi
	Mask - Adult / Pedi / Infant		Fast Patch / AED		Penrose Tubing		Thiamine
	Mask - Nonrebreather		Rescue Puffs		Pulse / Ox. Disp. Probe		Valium
	O <sub>2</sub>		Red Dots		Razor		OTHER SUPPLIES
	O <sub>2</sub> Tubing		IV SUPPLIES		Silver Swaddle		
	AIRWAYS		Admin. Set		Sterile Water		
	Endotrach. Tube - 6.5		Arm Board		Syringe		
	Nasopharyngeal - Sz:		Dial-A-Flow		DRUGS		
			IV Prep Kit		Activated Charcoal		



PATIENT NAME: Mr. [illegible]  
CHIEF COMPLAINT: Alcohol Dependence  
TIME OF CALL: 1519 10/16/16  
En Route: 1519 10/16/16 Depart: 1519 10/16/16 Arrive: 1638

PRESENT MEDS: None  
ALLERGIES: None

DESCRIPTION OF ILLNESS / INJURY (ONSET, LOCATION, DURATION, QUALITY, QUANTITY, RADIATING, ALLEVIATING, AGGRAVATING, ETC.)

It is a 25 y/o who was obs. and intubated in room. At local hospital w/ complaint of poss. Alcohol withdrawal. Pt was seen in ER last night w/ DT's and hallucinations of snakes. Pt was given Haldol and admitted to floor. Pt is now being taken to Glenside hospital in Greenville, SC.

PRIMARY SURVEY: (Description of Life-Threatening Problems) LOC: None P: None U: None Appropriate: None Inappropriate: None

AIRWAY: Clear BREATHING: Nonlabored CIRCULATION: Pls good

SECONDARY SURVEY: (Document all findings - positive and pertinent negatives)

HEENT: Clear

NECK: Clear

CHEST: Clear

ABD: Soft non tender

PELVIS: Stable

UPPER EXT: Clear

LOWER EXT: Clear

NEURO: Intact

SKIN: Warm

ASSESSMENT (Presumptive Diagnosis): Psychosis

CARDIAC ARREST SURVEY: ☐ Witnessed ☐ Unwitnessed CPR BY: None EST. DOWN TIME: None

EKG MONITORING: Rhythm: None HR: None R-I: None Ectopy Y/N: None

TIME	MEDS	TREATMENT / PROCEDURES / MEDS / IV / O2	RESULTS OF TREATMENT
------	------	---	----------------------

ENDOTRACHEAL INTUBATION: N/A Equal B/S: ☐ Yes ☐ No Good Compliance: ☐ Yes ☐ No MED CONTROL CONTACT & ORDERS REQUESTED, GIVEN AND/OR DENIED: None REASSESSMENT EN ROUTE: ODS

SAFETY DEVICES: N/A MECH. OF INJURY: N/A DAMAGE TO VEHICLE: N/A

Care prior to arrival: None ☐ No ☐ N/A

led by: ☐ 1st Resp. ☐ Fire ☐ Police ☐ Citizen ☐ Hosp/ED

if Aid: ☐ CPR ☐ AED ☐ Splinting ☐ Bleed Control ☐ Airway/Breathing ☐ Shock Manage ☐ Other

SIGNATURES: Primary Medic: C. B. [illegible] Secondary Medic/EMT: C. Wheeler

Med. Control: MOORE Nurse / MD Rec. Patient: None Time Care Assumed: 1642



Glen Oaks  
Hospital

# CLOTHING AND VALUABLES LIST

Case 3:10-cv-00163-N Document 42-14 Filed 05/05/10 Page 408 of 548 PageID 8866

Name \_\_\_\_\_ AP \_\_\_\_ YC \_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

JEREMY JEDIDIAH  
BARK

Item	AMT.	Description	Item	AMT.	Description
2 pc Suits			Aftershave		
Belts			Blanket		
Blouse			Brush	/	
Bodysuits			Cologne		
Boots			Comb		
Bras			Compact		
Caps	//		Conditioner		
Glasses			Contact Kit		
Handkerchief			Contact Lens		
			Dental Floss		
			Denture Cup		
			Denture-Low		
			Denture-Part		
			Denture-Up		
			Deodorant	/	
			Eyeglasses		
			Eyelash Curl		
			Face Cream		
			Glass Case		
			Hair Bows		
			Hair Grease		
			Hair Pins		
			Hair Pick		
			Hair Spray		
			Hearing Aid		
			Lipstick		
			Lotion		
			Makeup Kit		
			Mirror		
			Mouthwash		
			Nail Clippers		
			Nail file		
			Nailpolish/Rmvr.		
			Pencil Sharp		
			Perfume		
			Pillow		
			Powder		
			Razor		
			Shampoo		
			Soap		
			Sunglasses		
			Toothbrush	/	
			Towels		
			Tweezers		
			Wash Cloth		
			Other		

Safe  
yes/no

Personal Property  
placed in the hospital safe.

Date  
9-8-99  
Date

Item-General	AMT.	Description	Safe yes/no	Items-Credit/Cash Personal Items	AMT.	Description	Safe yes/no
Batteries				ATM Card			
Per				Cash			
Book Bag				Check # #			
Books	11			Check Book			
Briefcases				Coin			
Calculator				Food stamps			
Cane/Walker				ID Card			
Cassette Player				Insurance Cards			
Cassette Tapes				License			
Cigarettes/Cartron				MA Card			
Cigarettes/Pack				Money Orders			
Lock				Owners Card			
Curling Iron				Phone Card			
Hair Crimper				Tokens			
Hair Dryer				Tran Pass			
Hangers				Credit Card			
Magazines				Other			
Picture Frame							
Radio/Model							
Schoolbag							
Sew/Kit Needles							
Suitcases							
Tote bag							
Umbrella							
Tapes							
Man/Model							
Other <i>Bibles</i>	11						

Jewelry	AMT.	Description	Safe yes/no	Contraband	AMT.	Description	Safe yes/no
Bracelet				Aerosol Can			
Brooch				Car/House Key			
Cross				Glass Vases			
Earrings				Gun			
Necklace				Illegal Drug			
Pin				Knife			
Rings				Lighter			
Watch				Matches			
Other				Needles			
				Scissors			
				Weapon			
				Other			

en Oaks Hospital is not responsible for any items misplaced or lost during hospitalization. Personal Property  
at is maintained by the hospital is listed on "Clothing and valuables list" and is placed in the hospital safe.

ent/Guardian on Admission

Date

Patient/Parent/Guardian on Discharge

Date

ess of Admission

Date

Witness on Discharge

Date



Defendant  
P. 2-49  
P. 10-11

THYRE

Do not PLAY GAMES  
OR DOCTOR WITH ME, I  
WILL NOT BE VICIMINATED  
SO YOU GIVE UP YOU FUCKING  
LOOSE, I DETERMINE WHAT  
HAPPENS NEXT. YOU WANT  
TO SEE YOU WILL

Your JOB IS YOUR LIFE HE IS MINE

PALAY, PALAY, fallin fallin  
fallin fallin fallin fallin fallin  
fallin fallin fallin fallin  
fallin fallin fallin fallin Now  
Now Now Now Now Now Now Now  
Now Now Now Now Now Now Now Now  
Now Now Now Now Now Now Now Now  
Simple Simple Simple Simple

NEKROMANCER ← (He wanted to know  
what this word means  
pw)

DO NO UNDERSTAND

Help me please

66-6-6

**Glen Oaks Hospital**301 East Division, Greenville, Texas 75402  
(903) 454-6000 or (800) 443-1109MED. REC. NO.  
7272

PT NO 2483097		PATIENT NAME MURPHY, JEDIDIAH I	
ADDRESS 6305 FM 429		COUNTY 129	
CITY KAUFMAN		STATE TX	ZIP 75142-0000
PHONE 972-962-7443		EXT. 456-71-2610	
AGE 24	DOB 09/01/1975	SEX M	RACE I
MS X	PREVIOUS NAME N/A	RELIGION OTH	AP 133 01
ADM DATE 09/09/99	TIME 19:33	SRC RB	PT TYPE J
PRI R	ACCIDENT INFO Z	VOLUNTARY ADM Y	ORGAN DNR ISOL
PT EMPLOYER NONE	TELEPHONE -	EXT -	OCCUPATION CONSTRUC. OPERATOR
EMPLOYER ADDRESS			
CITY		STATE	ZIP
RETIREMENT DATE			
NEAREST RELATIVE NAME WILLIS, CHELSEA L			
RLTN 4		ADDRESS 727 E. NORT COMMERCE	
CITY WILLIS POINT		STATE TX	ZIP 75169-
PHONE 903-873-6830		EXT	
EMERGENCY CONTACT NAME ABBOTT, HOPE I			
RLTN N		ADDRESS 6305 FM 429	
CITY KAUFMAN		STATE TX	ZIP 75142-
PHONE 972-962-7443		EXT	
GUARANTOR NAME MURPHY, JEDIDIAH I		RLTN S	SOCIAL SECURITY NUMBER 456-71-2610
ADDRESS 6305 FM 429		PHONE 972-962-7443	
CITY KAUFMAN		STATE TX	ZIP 75142-0000
OCCUPATION CONSTRUC. OPERATOR		EXT	
GUARANTOR EMPLOYER NONE		PHONE -	
EXT -		ADDRESS	
CITY		STATE	ZIP
FC H			
INSURANCE NAME 1 MAGELLAN - NSTAR		CODE G26A1103713	GROUP #
INSURANCE NAME 2		CODE POLICY #	GROUP #
INSURANCE NAME 3		CODE POLICY #	GROUP #
SUBSCRIBER MURPHY, JED S		REL S	AUTH #
SUBSCRIBER		REL	AUTH #
SUBSCRIBER		REL	AUTH #
ATTENDING PHYSICIAN ESTABROOK, WILLIAM		ATTENDING # 0001115	REF SRC
ADM DIAGNOSIS MAJOR DEPRESSION		MED SVC PSY	CODE
ALLERGIES		SURGERY DATE	
ADMITTING PHYSICIAN KALRA GURJEET		ADMITTING # 001024	AUTHORIZED BY
PROCEDURE		CLINICAL COMMENT	MODE OF ARRIVAL/ACCOMPANIED BY
REL OF INFO	ADV DIR	LIVING WILL	LOCATION OF WILL/DIRECTIVE
FAMILY DOCTOR			

FINAL DIAGNOSES (FIRST DIAGNOSIS PRINCIPAL UNLESS NOTED)

CODE

P8M4H7C 05/09/99, 17:10

298-50

PRECERT INFORMATION

REFERRAL INFORMATION

1.

PROCEDURES

2.

CONSULTING PHYSICIANS /PRIMARY CARE

3.

DRG

LOS

TRANS TO:	ACUTE	SNF <input type="checkbox"/>	REHAB <input type="checkbox"/>	HOSPICE <input type="checkbox"/>	HOME HEALTH <input type="checkbox"/>	HOME IV <input type="checkbox"/>	AGAINST MED ADV <input type="checkbox"/>	HOME <input checked="" type="checkbox"/>
DISCHARGE DATE	TIME	OTHER						
9/12/99	17:10							
EXPIRED <input type="checkbox"/>	TIME	< 48HRS <input type="checkbox"/>	> 48HRS <input type="checkbox"/>	CORONER <input type="checkbox"/>	AUTOPSY YES <input type="checkbox"/>	NO <input type="checkbox"/>		

ATTENDING PHYSICIAN SIGNATURE &amp; DATE

**Glen Oaks Hospital**301 East Division, Greenville, Texas 75402  
(903) 454-6000 or (800) 443-1109MED. REC. NO.  
7272

PT NO 2483097		PATIENT NAME MURPHY, JEDIDIAH I	
ADDRESS 6305 FM 429		COUNTY 129	
CITY KAUFMAN		STATE TX	ZIP 75142-0000
PHONE 972-962-7443		EXT. 456-71-2610	
AGE 24	DOB 09/01/1975	SEX M	RACE 1
MS X	PREVIOUS NAME N/A	RELIGION OTH	N/S AP
ADM DATE 09/09/99	TIME 19:33	SRC RB	PT TYPE J
ACCIDENT INFO Z	VOLUNTARY ADM Y	ORGAN DNR	ISOL
PT EMPLOYER NONE	TELEPHONE	EXT	OCCUPATION CONSTRUC. OPERATOR
EMPLOYER ADDRESS			
CITY		STATE	ZIP
RETIREMENT DATE			
NEAREST RELATIVE NAME WILLIS, CHELSEA L			
RLTN ADDRESS 4 727 E. NORT COMMERCE			
CITY WILLS POINT		STATE TX	ZIP 75169-
PHONE 903-873-6830		EXT	
EMERGENCY CONTACT NAME ABBOTT, HOPE I			
RLTN ADDRESS N 6305 FM 429			
CITY KAUFMAN		STATE TX	ZIP 75142-
PHONE 972-962-7443		EXT	
GUARANTOR NAME MURPHY, JEDIDIAH I			
RLTN ADDRESS S 972-962-7443		EXT	
ADDRESS 6305 FM 429			
CITY KAUFMAN		STATE TX	ZIP 75142-0000
OCCUPATION CONSTRUC. OPERATOR		SOCIAL SECURITY NUMBER 456-71-2610	
GUARANTOR EMPLOYER NONE			
ADDRESS			
CITY		STATE	ZIP
FC: H			
INSURANCE NAME 1 MAGELLAN - NSTAR		PLAN G26800-442-4187	PHONE A1103713
MAILING ADDRESS NORTHSTAR CLAIM UNIT PO BOX 1348		CITY MARYLAND HT	STATE MO
ZIP 63403		SUBSCRIBER NAME MURPHY, JEDIDIAH	
MAIL TO NAME MAGELLAN BE		INS SEX M	SOCIAL SECURITY NUMBER 456-71-2610
DOB 09/01/1975		INSURANCE NAME 2	
PLAN		PHONE	POLICY #
GROUP #		AUTH #	
MAILING ADDRESS			
CITY		STATE	ZIP
SUBSCRIBER NAME			
MAIL TO NAME		INS SEX	SOCIAL SECURITY NUMBER
DOB		INSURANCE NAME 3	
PLAN		PHONE	POLICY #
GROUP #		AUTH #	
MAILING ADDRESS			
CITY		STATE	ZIP
SUBSCRIBER NAME			
MAIL TO NAME		INS SEX	SOCIAL SECURITY NUMBER
DOB		ATTENDING PHYSICIAN ESTABROOK, WILLIAM	
ATTENDING # 001115		REF SRC	ADM BY SHELTB
PREV ADM DATE		PREVIOUS FACILITY	
ADM DIAGNOSIS MAJOR DEPRESSION		MED SVC PSY	CODE
ALLERGIES		SURGERY DATE	
ADMITTING PHYSICIAN KALRA GURJEET		ADMITTING # 001024	AUTHORIZED BY
PROCEDURE		CLINICAL COMMENT	
MODE OF ARRIVAL/ACCOMPANIED BY		REL OF INFO N	
ADV DIR		LIVING WILL	LOCATION OF WILL/DIRECTIVE
FAMILY DOCTOR		VERIFIED BY:	
DATE:		NAME OF INS CO #1:	
GROUP-INDIVIDUAL		TELEPHONE NO:	
NAME OF PERSON GIVING INFO:		PREAUTHORIZATION REQ?	
AUTHORIZATION #:		EFF DATE OF INS POLICY:	
ELIGIBILITY:		WAITING PERIOD:	
PRE-EXIST:		RN:	
BASIC BENEFITS:		SEMI @	
ANCILLARY @		MAJOR MEDICAL:	
DEDUCTIBLE:		BALANCE PAID @	

INSURANCE COPY

*Glen Oaks Hospital***DISCHARGE SUMMARY**

**NAME:** Jedidiah Isaac Murphy  
**M.R. #:** 00-72-72  
**ATTENDING PHYSICIAN:** WILLIAM ESTABROOK, M.D.  
**ADMISSION DATE:** 09/09/99  
**DISCHARGE DATE:** 09/12/99

**ADMITTING DIAGNOSES:**

**AXIS I:** 296.23 Major Depression, single episode, severe.  
 300.14 Dissociative Identity Disorder.  
 298.8 Brief psychotic disorder.  
 303.90 Alcohol Dependence, by history.  
**AXIS II:** No diagnosis.  
**AXIS III:** Generally in good health at this time.  
**AXIS IV:** Stressors appear to be just returning home.  
**AXIS V:** Admitting GAF is about 15 highest past year, about 85.

**PERTINENT HISTORY:** This 24-year-old separated white male returned to the hospital saying that the snakes were back. He's very frightened. They seemed very real, and he thinks that they're after him. He was last here on 09/08/99, and then left with his sponsor. He'd taken his Seroquel, so he said he went to the sponsor's home that night and slept. When he got up on the morning of the 9th, he said initially he drove to Walmart to fill his prescriptions, and then decided to go over the golf course to play golf. He said "I was only able to play 4 holes of golf, when I started seeing snakes coming out of my golf bag and being around my clubs." He said "they seemed so real, and they started coming after me." He said "I even ran from the golf course and left my clubs there." Said he ran to the sponsor's house, and he said it was terrifying; they seemed to real. He said "this morning when the nurses found me on top of the night stand, I was there because all of a sudden they were on the floor around the bed, and then they were coming after me, and I climbed on the bed, but then they started coming up onto the bed, so I then I hopped up onto the night stand because the snakes were getting on the bed and trying to get at me." He said "I can't even go to the bathroom cause there are snakes there." Said he started seeing the snakes on the fourth hole of the golf course, and he said "nothing stressful has happened." He said at lunch all he had was Taco Bell. He denies using any drugs or alcohol since he left the hospital. He said "Even when I'm with people, I'm not safe. I can see the snakes looking at me and when I move, they react to my movements. They start coming at me, whereas other people move, and the snakes ignore them." Said the snakes are trying to get him, and that's he panics. He said "they seem so real." He said he never even made it to his house because he'd taken the medication and about the time he was getting ready to go home is when the snakes hit. He said "I can't drive cause the snakes are in my truck, and they're everywhere on the road." Said he still hears voices, "but they're not wiggling out over the snakes; only I am." He said both Randy and Tyler seem to be generally calm. He said this Terry situation, the abused him, seems very much resolved at the moment. He said "I have forgiven Terry for what he's done to me, and that's not the issues; it's the snakes."

Reader is referred to the psychiatric evaluation dated 08/24/99 for more detail on the presenting problems.

*Glen Oaks Hospital*



NAME: Jedidiah Isaac Murphy  
M.R. #: 00-72-72  
ATTENDING PHYSICIAN: WILLIAM ESTABROOK, M.D.  
ADMISSION DATE: 09/09/99  
DISCHARGE DATE: 09/12/99

Page Two

### **SIGNIFICANT FINDINGS**

#### **MENTAL STATUS EXAMINATION:**

**Attitude and general behavior:** Very anxious, agitated white male. Is very preoccupied with his snakes. They seem very real, very frightening to him.

**Stream of mental activity:** Speaks in a clear and coherent manner.

**Mental trend content of thought:** Actively hallucinating and seeing snakes all around. Was able to sleep on the Seroquel the night before.

**Affect and mood:** Affect is a little restricted. Mood is very agitated. Very scared. Highly anxious. This whole thing seems very real to him.

**Sensorium/orientation:** He is oriented to person, place, time, and situation.

**Remote memory/recent memory:** Seems to have good recall of past and present events.

**Retention and immediate recall:** He's able to retain and recall things.

**Attention and concentration span:** He can attend and concentrate until the snakes start surfacing and then he gets so panicky that he loses his ability to attend and concentrate.

#### **GENERAL INTELLECTUAL EVALUATION:**

**Reasoning and Judgement:** Impaired because of the hallucinations.

**Abstraction:** Concrete in his thinking.

**General fund of information:** About average for his education.

**PHYSICAL FINDINGS:** Physical exam was not redone because patient had only recently been discharged.

**LAB AND X-RAY:** Lab and x-rays were not repeated because patient had only recently been discharged.

**PSYCHOLOGICAL FINDINGS:** Psychological testing was not done.

#### **HOSPITAL COURSE:**

09/09/99 - We have a 24-year-old separated white male who returned to the hospital saying he was seeing snakes everywhere. Very restless. Sitting in chair. Both legs jumping. Can't sit for any length of time.

09/10/99 - We have a 24-year-old separated white male; presents in highly anxious, agitated state, saying the snakes are back. Patient seeing snakes this morning in room and climbed up on the table to get away from them. Snakes seem very real and very frightening and dangerous to him. Will modify meds and see if helps.

09/12/99 - Met with patient due to request to be discharged. Says that he is no longer hallucinating, and feels that he is not taking care of business. Says that he has to clean up his horse and get his daughter. Says that he and his mother will take care of his daughter. Daughter is 2½-year-old and currently with his wife, who has panic attacks. Patient being discharged at his request.

NAME: Jedidiah Isaac Murphy  
M.R. #: 00-72-72  
ATTENDING PHYSICIAN: WILLIAM ESTABROOK, M.D.  
ADMISSION DATE: 09/09/99  
DISCHARGE DATE: 09/12/99

Page Two

**CONDITION ON DISCHARGE:** At the time of discharge, patient reports he's no longer hallucinating snakes. Says that he is ready to leave. Denies being suicidal or homicidal. Not delusional. Oriented times four. Memory intact. Reasoning is reasonably intact. Affect is a little brighter. Mood is a little more cheerful.

**DISCHARGE INSTRUCTIONS:** He's discharged on Loxitane 50 mg at bedtime. Effexor 75 mg twice a day. Diet and activity as tolerated.

**FINAL DIAGNOSES:**

AXIS I: 296.24 Major Depression, single episode, severe, with psychotic features.  
300.14 Dissociative Identity Disorder.  
303.90 Alcohol Dependence, by history.  
AXIS II: No diagnosis.  
AXIS III: Generally in good health at this time.  
AXIS IV: Stressors appear to be just returning home.  
AXIS V: Admitting GAF is about 15; discharge GAF 35 to 40; highest past year, about 85.

**RECOMMENDATIONS AND AFTERCARE:**

He is being referred to the Terrell MHMR Clinic for further follow-up.

  
WILLIAM ESTABROOK, M.D.

WE/MTTS

dd: 10/08/99  
dr: 10/10/99  
dt: 10/13/99

\* Dictated transcribed not read subject to transcription error.

*Glen Oaks Hospital*

**PSYCHIATRIC EVALUATION**

**NAME:** Jedidiah Isaac Murphy  
**M.R. #:** 00-72-72  
**ATTENDING PHYSICIAN:** WILLIAM ESTABROOK, M.D.  
**ADMISSION DATE:** 09/09/99

**CHIEF COMPLAINT:** "There are snakes everywhere."

**PRESENT ILLNESS:** This 24-year-old separated white male returned to the hospital saying that the snakes were back. He's very frightened. They seemed very real, and he thinks that they're after him. He was last here on 09/08/99, and then left with his sponsor. He'd taken his Seroquel, so he said he went to the sponsor's home that night and slept. When he got up on the morning of the 9th, he said initially he drove to Walmart to fill his prescriptions, and then decided to go over the golf course to play golf. He said "I was only able to play 4 holes of golf, when I started seeing snakes coming out of my golf bag and being around my clubs." He said "they seemed so real, and they started coming after me." He said "I even ran from the golf course and left my clubs there." Said he ran to the sponsor's house, and he said it was terrifying; they seemed to real. He said "this morning when the nurses found me on top of the night stand, I was there because all of a sudden they were on the floor around the bed, and then they were coming after me, and I climbed on the bed, but then they started coming up onto the bed, so I then I hopped up onto the night stand because the snakes were getting on the bed and trying to get at me." He said "I can't even go to the bathroom cause there are snakes there." Said he started seeing the snakes on the fourth hole of the golf course, and he said "nothing stressful has happened." He said at lunch all he had was Taco Bell. He denies using any drugs or alcohol since he left the hospital. He said "Even when I'm with people, I'm not safe. I can see the snakes looking at me and when I move, they react to my movements. They start coming at me, whereas other people move, and the snakes ignore them." Said the snakes are trying to get him, and that's he panics. He said "they seem so real." He said he never even made it to his house because he'd taken the medication and about the time he was getting ready to go home is when the snakes hit. He said "I can't drive cause the snakes are in my truck, and they're everywhere on the road."

Said he still hears voices, "but they're not wiggling out over the snakes; only I am." He said both Randy and Tyler seem to be generally calm. He said this Terry situation, the abused him, seems very much resolved at the moment. He said "I have forgiven Terry for what he's done to me, and that's not the issues; it's the snakes."

Reader is referred to the psychiatric evaluation dated 08/24/99 for more detail on the presenting problems.

**SOCIAL HISTORY:** He has started going to AA meetings and has himself a sponsor. He is attempting to do what we recommended.

**MEDICAL HISTORY:**

**Allergies:** Iodine

**Medication history:** When he left the hospital, he was taking Effexor-XR 150 mg after breakfast; Seroquel 100 mg at bedtime; and Ativan 1 mg q. 6 hours p.r.n. nervousness. Discharge diagnoses at the time were: Major Depression, single episode, severe; Dissociative Identity Disorder, and Alcohol Dependence, by history.

NAME:

M.R. #:

ATTENDING PHYSICIAN:

ADMISSION DATE:

Jedidiah Isaac Murphy

00-72-72

WILLIAM ESTABROOK, M.D.

09/09/99

Page Two

**MENTAL STATUS EXAMINATION:**

**Attitude and general behavior:** Very anxious, agitated white male. Is very preoccupied with his snakes. They seem very real, very frightening to him.

**Stream of mental activity:** Speaks in a clear and coherent manner.

**Mental trend content of thought:** Actively hallucinating and seeing snakes all around. Was able to sleep on the Seroquel the night before.

**Affect and mood:** Affect is a little restricted. Mood is very agitated. Very scared. Highly anxious. This whole thing seems very real to him.

**Sensorium/orientation:** He is oriented to person, place, time, and situation.

**Remote memory/recent memory:** Seems to have good recall of past and present events.

**Retention and immediate recall:** He's able to retain and recall things.

**Attention and concentration span:** He can attend and concentrate until the snakes start surfacing and then he gets so panicky that he loses his ability to attend and concentrate.

**GENERAL INTELLECTUAL EVALUATION:**

**Reasoning and Judgement:** Impaired because of the hallucinations.

**Abstraction:** Concrete in his thinking.

**General fund of information:** About average for his education.

**ASSETS:** Family is very supportive of him. Seems to be motivated to get treatment.

**ADMITTING DIAGNOSES:**

<b>AXIS I:</b>	296.23	Major Depression, single episode, severe.
	300.14	Dissociative Identity Disorder.
	298.8	Brief psychotic disorder.
	303.90	Alcohol Dependence, by history.

**AXIS II:** No diagnosis.

**AXIS III:** Generally in good health at this time.

**AXIS IV:** Stressors appear to be just returning home.

**AXIS V:** Admitting GAF is about 15 highest past year, about 85.

**PLAN OF CARE:**

1. Re-admit to the Adult Unit. Begin to treat his psychotic states and see if we can't restabilize him, and then try him back out again.

*William Estabrook MD*  
\_\_\_\_\_  
WILLIAM ESTABROOK, M.D.

WE/MTTS

dd: 09/10/99

dr: 09/10/99

dt: 09/10/99

\* - Dictated transcribed not read subject to transcription error.

GLEN OAKS HOSPITAL

301 E. DIVISION • P.O. BOX 1 885 • GREENVILLE, TX 75401 • (903) 454-6000 • (800) 443-1109 • FAX (903) 455-7980

# Patient's Bill of Rights

When you apply for or receive mental health services in the State of Texas, you have many rights. Your most important rights are listed on these four pages. These rights apply to all persons unless otherwise restricted by law or court order. A judge or lawyer will refer to the actual laws. If you want a copy of the laws these rights come from, you can call the Health Facility Licensure and Certification Division of the Texas Department of Health at 1-800-228-1570.

It is the responsibility of this hospital under law to make sure you have been informed of your rights. But just giving you this information does not mean your rights have been protected. This hospital is required to respect and provide for your rights in order to maintain licensure and do business in this state.

## Your Right to Know Your Rights

*You have the right*, under the rules by which this hospital is licensed, to be given a copy of these rights before you are admitted to the hospital as a patient. If you so desire a copy should also be given to the person of your choice. If a guardian has been appointed for you or you are under 18 years of age, a copy will also be given to your guardian, parent, or conservator.

*You also have the right* to have these rights explained to you aloud in simple terms in a way you can understand within 24 hours of being admitted to the hospital to receive services (e.g., in your language if you are not English-speaking, in sign language if you are hearing impaired, in Braille if you are visually impaired, or other appropriate methods).

If you believe any of your rights have been violated or you have other concerns about your care in this hospital, you may contact one or more of the following:

Health Facility Licensure and Certification Division  
Texas Department of Health  
1100 W. 49th St., Austin, TX 78756

1-800-228-1570

Advocacy, Incorporated  
7800 Shoal Creek Blvd, Suite 171 E, Austin, TX 78757

1-800-315-3876

If you have been involuntarily committed and you believe that your attorney did not prepare your case properly or that your attorney failed to represent your point of view to the judge, you may wish to report the attorney's behavior to the Ethics Committee of the State Bar of Texas by writing:

Disciplinary Council  
State Bar of Texas  
1414 Colorado  
P.O. Box 12487  
Austin, Texas 78711-2487

*If you are a voluntary patient OR if you have been taken to the hospital against your will, turn to pages three and four for a listing of your special rights under law in Texas. All patients should read pages two and three, which explain the rights that apply to everyone receiving services at this hospital.*

## STATEMENT THAT YOU HAVE RECEIVED THIS PAMPHLET/IT HAS BEEN EXPLAINED

I certify that:

- ☒ I have received a copy of this four-page document prior to admission
- ☐ Staff have explained its content to me in a language I understand within 24 hours of admission (if involuntarily committed).
- ☐ Staff have explained its content to me in a language I understand prior to admission (if voluntarily committed).

Name Delia...

Witness Elinor...

Date 9/9/99

Date 9/9/99

Relationship of witness to patient: GCH Staff



**GLEN OAKS HOSPITAL**  
**CONDITIONS OF ADMISSION**

DOCTOR'S STATEMENT: Upon the basis of the preliminary examination I have determined that the patient applying for admission has symptoms of mental illness and/or chemical dependence and shall benefit from the hospitalization requested. I recommended that the patient referred to below be admitted as a voluntary patient. I have examined, or this patient was examined by a physician within seventy-two (72) hours of admission.

ADMITTING DIAGNOSIS Psychosis NOS / Waltra.

PHYSICIAN PROVIDING DIAGNOSIS \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT: I do voluntarily consent to such hospital care encompassing diagnostic and therapeutic procedures and medical treatment, as may be ordered by my physician, his assistants or designees, as is necessary in his judgment. I further consent to such laboratory testing of my blood and body fluids as may be necessary in the event an employee or agent of the hospital is involved in an exposure while providing care for me. I realize that physicians furnishing services to the patient, including but not limited to emergency room physicians, attending physicians, radiologist, anesthesiologists, anesthesiologists, and pathologists are independent contractors and are not employees or agents of the hospital and billing for such services may not be involved in this hospital bill.

REQUEST FOR DISCHARGE: If I wish to leave the hospital I will need to give verbal or written notice to a designated hospital staff person responsible for my care. I understand that I must be released within four (4) hours by a Psychiatrist unless a Psychiatrist orders detention for a face to face evaluation to be completed by a Psychiatrist within twenty four (24) hours of request to leave the hospital. I then have a right to leave unless; (a) I change my mind and do so in writing; (b) A Psychiatrist decides to make an application for court-ordered services or emergency detention; or (c) I am 17 years of age or younger and I must be discharged to a parent or guardian.

PATIENT SEARCH: I understand that the hospital may deem it necessary to inspect my person, possessions, and my assigned room for items which it considers dangerous to my safety and welfare or the safety or welfare of other patients or hospital employees. I hereby consent to such inspection which may be made by a hospital employee and release the hospital from any liability or other responsibility for the consequences of such inspections.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize my physician, anesthesiologist, anesthesiologist, consultant, surgeon, radiologist, pathologist, and GLEN OAKS HOSPITAL to release written, verbal, or copied information concerning my care or treatment during this hospitalization including, but not limited to, diagnosis, prognosis, medication, drugs, treatment, laboratory test results, medical history, treatment progress or related information including that dealing with communicable disease, to my insurance agent(s) or carrier(s), and/or Texas Medical Foundation - Peer Review Organization of Texas as required for the processing and payment of insurance claims and/or Medicare/Medicaid/Champus claims for this hospitalization. I am aware that GLEN OAKS HOSPITAL will contact the insured(s) employers to verify employment and benefits.

AUTHORIZATION TO PAY INSURANCE BENEFITS: I do hereby authorize payment to my physician, anesthesiologist, anesthesiologist, consultant, surgeon, radiologist, pathologist, and GLEN OAKS HOSPITAL for all physician and hospital benefits otherwise payable to me for this period of hospitalization, but not to exceed the physician's or hospital's total charges. I understand I am financially responsible to my providers for charges not covered by my insurance. I understand that insurance claims are filed as a courtesy service and any disputes with my insurance agents or carriers regarding terms of coverage and payment will be handled by me. In the event I do not choose to assign the payment of my insurance benefits to my providers, I understand that my account will be handled as a private pay account, and that I will be personally responsible for provider charges which are due and payable at the time such services are rendered unless financial arrangements have been made with my providers.

CONSENT FOR EMERGENCY TREATMENT: In the case of a medical emergency, I give my consent to be transported to Presbyterian Hospital of Greenville for evaluation and treatment by the attending physician on duty. (This includes parental or guardian consent for minor patients).

PATIENT RESPONSIBILITY FOR VALUABLES: I understand that the hospital has the ability to secure my small personal items such as jewelry, billfold, etc. If I wish to have such items secured, I take responsibility to provide these items to Glen Oaks Hospital so they can be secured until my discharge. I further understand that it is my responsibility to retrieve these items upon my discharge and that those items not retrieved will be kept no longer than 30 days before they will be discarded.

CONSENT TO PHOTOGRAPH: I Understand that the hospital uses pictures as a means of identification rather than an arm band. I give my consent for my picture to be taken for this purpose.

PATIENT'S RIGHTS: As a guardian, I have received "Patient's Rights Under the Consent to Treatment with Psychoactive Medication Rule"

The undersigned certifies that he/she has read and understands each section of the foregoing, receiving a copy thereof, and is the patient, or is duly authorized by the patient as a patient's general agent to execute the above conditions and accept the terms, and this instrument has been signed in Greenville (Hunt County), Texas.

<u>[Signature]</u> Patient		<u>[Signature]</u> Guardian	
Date		Date	
<u>[Signature]</u> Witness		<u>[Signature]</u> Relationship to Patient	
Date		Date	
<u>[Signature]</u> Witness		<u>[Signature]</u> Guarantor	
Date		Date	



# ADVANCE DIRECTIVE ACKNOWLEDGMENT

NAME: Jedidiah Murphy SOC. SEC. NO: 456-71-2610  
IDENTIFICATION NO: 2483097 DATE OF BIRTH: 9/1/75

**PLEASE READ THE FOLLOWING FOUR STATEMENTS.**

**Place your initials after each statement.**

1. I have been given written materials about my right to accept or refuse medical treatments. JM (Initialed)
2. I have been informed of my rights to formulate Advance Directives. JM (Initialed)
3. I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. JM (Initialed)
4. I understand that the terms of any Advance Directive that I have executed will be followed by the health care facility and my caregivers to the extent permitted by law. JM (Initialed)

**PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:**

☐ I HAVE executed an Advance Directive.

☒ I HAVE NOT executed an Advance Directive.

Signed: JM Date: 9/9/99

Witness: Elizabeth Seindell Date: 9/9/99

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## GLEN OAKS HOSPITAL

I recognize that the involvement of significant others is an important part of my therapy process and I understand that the disclosure of my presence in GLEN OAKS HOSPITAL may imply the nature of my diagnosis. With this in mind:

Please (✓) check all that apply

- ( ) Code #1. I give my consent to acknowledge my presence to any visitors and callers.
- ( ) Code #2. I give my consent to acknowledge my presence only to the persons listed below.
- ( ) Code #3. I do not give my consent to acknowledge my presence to visitors and callers.
- ( ) Code #4. I give my consent for the following family members and/or significant others to be involved in my treatment.

	NAME	(RELATIONSHIP)	ADDRESS	PHONE #
1.	HOPE ABBOTT	-	972-286-1570	
2.	RAUDY CROW	-	972-932-2628	
3.	LORI CROW	-	11 11	
4.	LEAH RAY	-		
5.	CHELSEA WILLIS	-	903-873-6830	
6.				
7.				
8.				
9.				
10.				

I understand that this consent may be revised by me at any time and will automatically be invalid upon my discharge.

Patient

Date

9/9/99

( ) Parent ( ) Guardian

Date

9/9/99

Witness

Date

Consent for Acknowledgement of Presence  
and  
Therapeutic Involvement of Others

ADDRESSOGRAPH IMPRINT

2483097 AP  
Jedidiah Murphy

# GLEN OAKS HOSPITAL

## PATIENT/FAMILY GRIEVANCE PROCEDURE

MURPHY, JEDIDIAH

It is the goal of Glen Oaks Hospital to maintain the highest quality of patient care and fair treatment for all. If you should have a concern about your care at the hospital, the following steps should be followed.

1. When you first realize you have a concern or problem you can:
  - A. Utilize the Community Meetings on the unit to discuss it, or
  - B. Discuss it with your physician, if it is a concern about his services or treatment, or
  - C. Discuss the concern with the Nurse Manager on your unit.
2. If you are not satisfied with the resolution, please call Glen Oaks Hospital at 800-443-1109 and ask to speak to the Patient Advocate. This person will set up a special time to discuss your issue with you.
3. If a resolution is not mutually satisfying, your concern will be forwarded to the CEO/Managing Director of Glen Oaks Hospital for resolution.

The right of a person to prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies, such as filing of a Section 604 complaint with the Office for Civil Rights of the US Department of Health and Human Services. (Utilization of this grievance procedure is not a prerequisite to the pursuit of other remedies.)

5. These rules shall be liberally constructed to protect the substantial rights of interested persons, to meet appropriate due process standards and to assure Glen Oaks Hospital compliance with Section 504, Title VI of the Civil Rights Act, the Age Discrimination of 1975 and any other appropriately related standards or guidelines.
6. All unresolved grievances shall be reviewed by the hospital's Board of Governors for disposition and resolution within 30 days after filing.
7. When the person and/or patient involved is connected with the hospital's Addictive Disease Unit and the Managing Director of the Board of Governors for this facility cannot resolve the grievance, then same will be referred to the Texas Commission on Alcohol and Drug Abuse's Board of Inquiry. (TCADA; 710 Brazos; Austin, TX 78701)
8. Under no circumstances will the presenting of a grievance in itself, serve to compromise the patient's future access to care at this facility.
9. If you are not satisfied with the CEO/Managing Director's decision, a complaint may be made directly to the Texas Department of MHMR at 1(800)252-8154 or 1(800)223-4206, or if appropriate, the Texas Commission on Alcohol and Drug Abuse at 1(800)832-9623.
10. Complaints regarding licensed physicians may be made to the Medical Examiner's office at 1812 Centre Creek, Suite 300, Austin, Texas 78754 or 1(512)834-7728.

I HAVE REVIEWED AND UNDERSTAND THIS GRIEVANCE PROCEDURE AND HAVE RECEIVED A COPY OF SAME

PATIENT

DATE:

9/9/99

WITNESS

DATE:

9/9/99

Original (White) - Chart

Carbon (Yellow) - Patient

# GLEN OAKS HOSPITAL MEDICAL SCREENING

Name: J. Murphy Date: 9/9/99 Time: 7:00 AM/ PM  
Age: 62 Sex: M Marital Status: 5

1. Within the last 72 hours has the patient been exposed to: ☐ YES ☒ NO  
 ( ) Measles ( ) Rubella ( ) Pneumonia ( ) Whooping Cough  
 ( ) Strep ( ) Chicken Pox ( ) Staph
2. Have you ever been diagnosed as having active TB? ☐ NO ☐ YES If yes, when, where, and how treated: \_\_\_\_\_
3. Has anyone in your family or a close associate ever been diagnosed with active TB? ☐ YES ☒ NO
4. Do you have a persistent cough that has not been diagnosed by a doctor? ☒ YES ☐ NO
5. Have you had an unexplained persistent fever? ☐ YES ☒ NO

If you have a positive response to any of questions 1-5, you must consult with the admitting physician prior to going on to the unit.

- A. Skin: Color ☒ good ( ) pale ( ) jaundice  
 Condition ☒ bruises ( ) breaks ( ) cyanotic
- B. Neurological ☒ WNL ( ) dizziness ( ) blurred vision ( ) headaches ( ) seizures  
 ( ) blackouts ( ) syncope ( ) weakness ( ) tremors  
 Pupils ( ) Equal (If not equal hve RN evaluate)  
 Gait ( ) steady ( ) unsteady
- C. Cardio: ☒ WNL ( ) chest pain ( ) palpitations ( ) hypertension ( ) hypotension
- D. Respiratory: ☒ WNL ( ) hoarseness ( ) sore throat ( ) cough ( ) nose bleeds  
 ( ) wheezing ( ) colds ( ) asthma  
 ( ) sinusitis ( ) unusual rhythm/rate ( ) coughing up blood
- E. Gastrointestinal: ☒ WNL ( ) constipation ( ) vomiting ( ) diarrhea ( ) bloody stool  
 ( ) abdominal pain ( ) indigestion/heartburn
- F. Urinary: ☒ WNL ( ) infection ( ) blood in urine ( ) pain ( ) itching/burning
- G. Endocrine ☒ WNL ( ) Diabetic ☐ YES ☒ NO ( ) Thyroid Problem ☐ YES ☒ NO

Is there an emergency medical condition? ☒ NO ☐ YES (If Yes take vital signs)

Vital Signs: T. \_\_\_\_\_ P. \_\_\_\_\_ Resp. \_\_\_\_\_ B.P. \_\_\_\_\_

If an emergency condition is assessed, describe action taken by the Physician on call.

The Medical and Needs Assessment were reviewed with Dr. Kalra  
 on 9/9/99 at 7:00 by B. [Signature] QMP.  
 Date Time Assessor

Glen Oaks  
Hospital

# **COMPREHENSIVE ASSESSMENT TOOL**

## **NEEDS ASSESSMENT PART I**

2403097 AP

MURPHY, JEDIDIAH

DALLAS, TEXAS

PATIENT NAME <b>Jedidiah Murphy</b>		MARITAL STATUS <b>Single</b>	SEX <b>M</b>	AGE <b>24</b>	DATE <b>9-9-99</b>	TIME <b>6:45 PM</b>
DOB	SS#	ADDRESS <b>6305 Fm 2429</b>		CITY <b>Kaufman</b>	ZIP	
HOME PHONE NO.		WORK PHONE NO.		RELIGION	EMPLOYER	
OCCUPATION		ACCOMPANIED BY <b>AA Sponsor</b>		REFERRAL SOURCE <b>DC from Here 9-8-99</b>		

**PRESENTING PROBLEM - (Precipitating Event Within Last 72 Hours) Please Provide Quotes:**

Left yesterday went to Spencers  
 Woke at 11 AM 9/9/99 seeing snakes every where  
 Cannot be by self. or he sees them in plants  
 Trees.  
 Very Restless sitting in chair ~~both~~ both legs jumping  
 can sit for any length of time

**History of the Problem (Events and Circumstances Preceding the Precipitating Event). Please Indicate Source of Information as Above.**

History of Present Illness	Admits	Denies	D.N.A.	(As Evidenced By Most Recent Occurrence, Frequency, Intensity, Duration)
	Pt./S.O.	Pt./S.O.		
<b>1. SLEEP</b>				did not sleep well woke 9 hour
Not Sleeping				
Difficulty Going to Sleep (Initial Insomnia)				
Frequent Awakening During the Night (Middle Insomnia)				
Early Morning Awakening (Terminal Insomnia)				
Sleeps All Day				
Usual Number of Hours of Sleep				
Other - Describe				
<b>2. EATING</b>				OK ate X1 today.
Problems with Eating (Assess for Anorexia, Bulimia, Binging & Inadequate Intake)				
<input type="checkbox"/> Loss of Weight <input type="checkbox"/> Gain of Weight				
<b>3. LIBIDO</b>				
Decrease or Loss in Interest in Enjoyable or Pleasurable Activity (including sex)				

2/22/97

Pt. = Patient

S.O. = Significant Other

D.N.A. = Refused to Answer or Did Not Ask

Part I - Page 1

History of Present Illness	Admits Pt. I.S.O.	Denies Pt. I.S.O.	D.N.A.	(As Evidenced By Most Recent Behavior)
<b>Usual Daily Activities</b>				Can't work due to delusions
Problems Functioning at Work/School	✓			
Deterioration in Hygiene and/or Grooming	✓			
Loss of Energy or Interest in Activities	✓			
Social Withdrawal	✓			
Other - Describe				
<b>5. Suicidal Thoughts</b> (Describe Plan)	✓			NO Plan feeling hopeless, wonders if he will ever be "OK" Nov 22 - OD on pills
<b>Suicidal Attempts</b> (Describe Most Recent Attempt)	✓			
(Assess Weapon Ownership)				
<b>6. Thoughts of Self Mutilations:</b> Actual Self Mutilations: (Describe Most Recent Act):	✓			Teenage years - did cut on self
<b>7. Homicidal Thoughts: (If Yes Describe)</b> Homicidal Attempts: (Most Recent Attempt)	✓			Thoughts of killing person who sexually abused him. But knows he would go to hell if he did anything
<b>8. Aggressive Thoughts Toward Others:</b> (Describe Plan within last 72 hours)	✓			Last time he was here - was taken down & given a shot
<b>Aggressive Behavior Toward Others:</b> Describe Any History of Physical Aggression	✓			
<b>9. Behavior Changes</b> i.e. Irritability, Poor Impulse Control (In Children & Adolescents: Frequent Rule Breaking at Home or at School)				
<b>10. Hallucinations/Delusions</b> (Visual, Tactile, Olfactory, Auditory)				Seeing Snakes everywhere feels Being alone
<b>11. Situational Stressors</b>	Pt. I.S.O.	Pt. I.S.O.	D.N.A.	
Legal Problems		✓		
Marital Family/ Relationship Conflicts	✓			
Changes in Living Situation	✓			
Financial Problems	✓			
Other - Describe:				
Grief, Recent Death, Losses, Abuse		✓		
<b>12. Prior Treatment: Psychiatric/C.D.</b>				When
Previous Outpatient Treatment		✓		Therapist
				<input type="checkbox"/> Positive Outcome <input type="checkbox"/> Negative Outcome
Previous Inpatient Treatment (Reason)	✓			Where Terrell 1 year ago.
				When Was released after
				Psychiatrist Assessment
				<input type="checkbox"/> Positive Outcome <input type="checkbox"/> Negative Outcome
<b>13. History of Sexual, Physical, Emotional Abuse</b> (Explain, When, by Whom, Reported to Proper Authorities <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)				Sexual - Adoptive parents. 4-7
<b>14. Family History of Mental Illness or Substance Abuse?</b>				dad alcoholic died 1983 dad & uncle psychosis

2/22/97

Pt. = Patient

S.O. = Significant Other

D.N.A. = Refused to Answer or Did Not Ask



15. Who Do You Live With? Alone
16. Support System - ☐ Relatives/Family, ☐ Church/Clergy, ☐ School, ☐ Job, ☐ NA/AA, ☐ Community Organizations,  
☐ MHMR/Case Management, ☒ Other - Explain Sponsor

## 17. Guardianship; Legal Custody

Youth - Under 16 - Describe the patients relationship to parents - ☐ Biological, ☐ Custodial, ☐ Adoptive, ☐ Other

Father Name -

Mother Name -

Natural Father Name -

Natural Mother Name -

Legal Guardian's Name

Proof of Custody is Available from Where?

Geriatric - Does Someone Have Power of Attorney? ☐ No ☐ Yes - NameDoes Someone Have Legal Guardianship? ☐ No ☐ Yes - Name

## 18. Discharge Transportation Problems

19. Medical Problems, Recent Illnesses or Injuries 920. Allergies (Food Specific) 0(Medication Specific) Iodine

## 21. Religious/Cultural Practices: Do You Have Any Religious or Cultural Practices That May Alter Your Care &amp; Education?

☐ No ☐ Yes - Describe22. Language/Cognition: Language Spoken: ☒ English ☐ Spanish ☐ Other, SpecifyReading Preference: ☒ English ☐ Spanish ☐ Other, SpecifyIs Patient Sensory Impaired (Hearing, Visual, Speech) ☒ No ☐ Yes - DescribeCan Patient Follow and Understand Directions? ☒ Yes ☐ No - DescribeIs Patient/Family Motivated to Learn? ☒ Yes ☐ No - Describe23. Educational Needs: Do You or Your Family Need Information on The Following? ☒ Current Illness ☒ Medications☐ Diet ☐ Activity ☐ Community Resources ☐ None ☐ Other

## 24. Support/Emotional Needs: Do You Have Any Emotional/Family/Home Concerns That Need to be Addressed During Your Hospitalization?

25. Physical Limitations: Do You Have Any Physical Limitations That May Alter Care or Limit Your Learning Ability? ☒ No☐ Yes - Describe

## 26. Alcohol/Drug History

	1.	2.	3.	4.
What drug(s) is the patient using?				
First Use. What Occasion Quantity Used?	alcohol free X 1 yr in November			
When Did Regular Use Begin? Events, Amounts and Method				
When Did Patient Know There Was a Problem? What Happened?				
Pattern of Use Now? Amount, Method & How Long?				
Last Used? Date, Method and Amount				

Glen Oaks  
Hospital

# COMPREHENSIVE ASSESSMENT TOOL

## NURSING ASSESSMENT UPDATE PART III

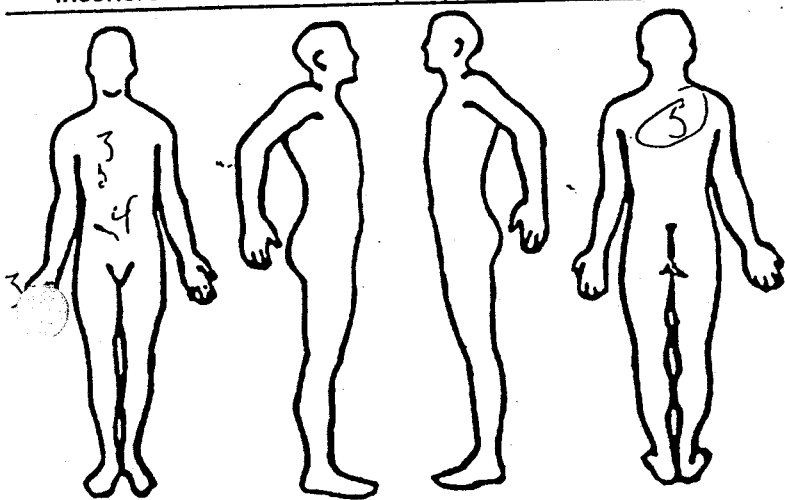
PHY. JEDIDIAH  
E. BOOK

Vital Signs	BP	Temp.	Pulse	Resp. 19	Allergies (Food & Medication)
-------------	----	-------	-------	----------	-------------------------------

Date 9-9-99	Admission Time 6:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Significant Others (Who Will Be Involved In Treatment)	<input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
-------------	---------------------	---	--	---

Functional Assessment	Active Yes No	All Positive Answers Must Be Explained In the Comment Section
<b>1. Appearance</b>		<b>Comments</b>
Dirty	<input checked="" type="checkbox"/>	Discharged yesterday - returned today because he was seeing snakes in plants etc. - unable to sleep - unshaven but appears clean. -
Disheveled	<input checked="" type="checkbox"/>	
Tense	<input checked="" type="checkbox"/>	
Well-Groomed	<input checked="" type="checkbox"/>	
<b>2. Mood</b>		
Depressed	<input checked="" type="checkbox"/>	As Evidenced By? Restless/Anxious behavior, jumping to respond to anything said, moving about in chair, feet tapping, unable to sit still - Cursing and demanding, refusing to go to bed. Laughing and "cutting-up" to other patients -
Elated	<input checked="" type="checkbox"/>	
Irritable	<input checked="" type="checkbox"/>	
Anxious	<input checked="" type="checkbox"/>	
Angry	<input checked="" type="checkbox"/>	
Guilty	<input checked="" type="checkbox"/>	
<b>3. Behavior</b>		
Impulsive	<input checked="" type="checkbox"/>	Pt. laughing and talking to two other young patients - not focusing on problems
Self-Destructive	<input checked="" type="checkbox"/>	
Hostile	<input checked="" type="checkbox"/>	
Anxious	<input checked="" type="checkbox"/>	
Agitated	<input checked="" type="checkbox"/>	
Disorganized	<input checked="" type="checkbox"/>	
Manipulated	<input checked="" type="checkbox"/>	
Withdrawn	<input checked="" type="checkbox"/>	
Uncooperative	<input checked="" type="checkbox"/>	
Violent	<input checked="" type="checkbox"/>	
Inappropriate	<input checked="" type="checkbox"/>	
Restless	<input checked="" type="checkbox"/>	
Evasive	<input checked="" type="checkbox"/>	
Defensive	<input checked="" type="checkbox"/>	
Guarded	<input checked="" type="checkbox"/>	
Drowsy	<input checked="" type="checkbox"/>	
<b>4. Affect</b>		
Appropriate	<input checked="" type="checkbox"/>	
Labile	<input checked="" type="checkbox"/>	
Shallow	<input checked="" type="checkbox"/>	
Constricted	<input checked="" type="checkbox"/>	
Depressed	<input checked="" type="checkbox"/>	
<b>5. Perceptual Disturbances</b>		<b>Describe/Example</b>
Auditory Hallucinations	<input checked="" type="checkbox"/>	Reports continuing to see snakes, especially when alone, - in plants and trees. - Verbalized paranoia over seeing snakes.
Visual Hallucinations	<input checked="" type="checkbox"/>	
Depersonalization	<input checked="" type="checkbox"/>	
<b>6. Thought</b>		
Organized	<input checked="" type="checkbox"/>	
Delusional	<input checked="" type="checkbox"/>	
Paranoid	<input checked="" type="checkbox"/>	
Obsessional	<input checked="" type="checkbox"/>	
Suicidal Ideation	<input checked="" type="checkbox"/>	
Homicidal Ideation	<input checked="" type="checkbox"/>	
Concrete	<input checked="" type="checkbox"/>	

Functional Assessment	Active		Comments	All Positive Answers Must Be Explained In the Comment Section
	Yes	No		
Difficulty Completing Task			Describe/Example	
Memory				
Recent Memory Problems				
Remote Memory Problems				
9. Orientation				
Day				
Date				
Month				
Year				
Time of Day				
City				
Hospital (Place)				
Name (Person)				
10. Speech				
Slurred				
Pressured				
Non-Verbal				
Stuttered				
Incoherent				



On the Diagram, Indicate All Body Marks by Placement of Numbers From Legend on Proper Body Locations.

- 1 - Self Mutilation/Scars
- 2 - Lacerations
- 3 - Trauma Scars
- 4 - Operation Scars
- 5 - Tattoos
- 6 - Bruises &/or Discolorations
- 7 - Edema
- 8 - Needle Tracks/Scars
- 9 - Unusual Body Marks

(Explain):

10. Head Lice ☐ Yes ☒ No  
Scabies ☐ Yes ☒ No

#### 11. Strengths

#### Weaknesses

#### 12. Risk for Falls - Consider the following elements:

History of previous falls prior to current hospitalization ☐ Yes ☐ No Confused/disoriented ☐ Yes ☐ No

Geriatric (over 65 years) ☐ Yes ☐ No Impaired Mobility ☐ Low ☐ Med ☐ High

Impaired Eyesight ☐ Low ☐ Med ☐ High Impaired Hearing ☐ Low ☐ Med ☐ High

Neurological Deficit ☐ Low ☐ Med ☐ High Difficulty adjusting to restriction on activity ☐ Low ☐ Med ☐ High

Language Barrier ☐ Low ☐ Med ☐ High

Drugs that alter LOC or behavior (sedatives, tranquilizers, pain medications, diuretics, laxatives) ☐ Low ☐ Med ☐ High

Other comments:

#### 13. Emotional/Behavioral Assessment

*Report admission*

#### 14. Patient/Family Education Needs:

#### 15. Discharge Planning

*To Be Discharged*

*[Signature]*  
Signature of R.N.

*7/1/10*  
Date of Assessment

COMPREHENSIVE  
ASSESSMENT TOOL

21.3.97 AP

JEREMY, JEDIDIAH

## Psychosocial Assessment - Adult

PATIENT	INFORMANT	RELATIONSHIP
Jedidiah Jim Murphy	Pt	Self

## 1. PRESENTING PROBLEM &amp; CIRCUMSTANCES

We started seeing the snakes again. It happened  
instantaneously, it happened on F'm alone  
I don't know what caused it

## 2. CURRENT LIVING SITUATION/HOME ENVIRONMENT

Pt temporarily stayed with spouse just down  
the road from his Dads

## 3. MARITAL &amp; FAMILY RELATIONSHIPS (Including Previous Marriages/Children)

Pt has one daughter 2 yrs 2 kids (with her mother)  
Pt & woman were common law together for 7 yrs  
" " " separated

## 4. FAMILY OF ORIGIN &amp; FAMILY CONSTELLATION

Pt adopted twice plus own family  
1 brother 2 Sibs  
1 half brother 2 Sibs

## 5. SOCIAL SUPPORT SYSTEM:

my new brother supports me through everything  
my half brother is a great friend

6. HISTORY OF ALCOHOL AND DRUG USE:

13 yrs started drinking; max 5<sup>th</sup> of 12th Grade  
addicted in drugs up until 2 1/2 yrs ago when  
my dad did a little bit of cocaine once in a while  
but not 1 or 2 weeks; last drugs about 2 yrs 2 months

7. HISTORY OF PHYSICAL/EMOTIONAL/SEXUAL ABUSE: ☐ VICTIM ☐ PERPETRATOR

1980-83 At was sexually abused 4-7 yrs  
by the first guy that adopted us.

8. EDUCATION

Graduated from Edgewood High School 1994

9. EMPLOYMENT: JOB STATUS/EAP INVOLVEMENT/WHO TO CONTACT

None

10. MILITARY: DATES OF SERVICES/BRANCH/DISCHARGE TYPE

NO

11. LEGAL HISTORY: ARRESTS/DWI'S/PROBATION/PENDING CHARGES

Probation for assault 1 yr until 12-3 weeks  
will then be off

12. STATUS OF PSYCHOSOCIAL STRESSORS: INTERPERSONAL/FINANCIAL/VOCATIONAL

Everything like being threatened is middle of the ocean

Comprehensive  
Assessment  
Tool

17 AP

JEDIDIAH

13. CULTURAL ISSUES: RELIGIOUS BACKGROUND AND CURRENT ACTIVITY

No

14. FAMILY CONCERNS OR ISSUES: FAMILY COMMITMENT TO PARTICIPATE IN TX.

'Nada'

15. GOALS FOR TX:

As Identified by Patient Get out in world as I can be without  
these panic attacks that choke you like I can't  
be breath. I want to be fixed. Out there was  
impossible. There were some irregular I had to be  
only set all day long.  
As Identified by Significant Other: No

16. HISTORY OF PREVIOUS TREATMENT OR COMMUNITY MENTAL HEALTH RESOURCES

USED: (Be very specific include names, addresses and phone numbers)

Outpatient Andrews Center in Centon, TX 1X 1 1/2-2 yrs ago  
For counseling John Motley for 2 yrs or irregular basis  
Inpatient 1X, then recidivist

17. RECENT CONTACT WITH PRIMARY CARE PHYSICIAN THAT IT IS IMPORTANT FOR US TO COORDINATE CARE WITH : (Be very specific include names, addresses and phone numbers)

Charles Webb in Centon, TX



18. DO YOU INTEND TO CONTINUE TREATMENT WITH THEM?  
(IF YES, OBTAIN PATIENT SIGNATURE ON CONSENT TO RELEASE INFORMATION  
FORM AND COMPLETE REFERRAL INFORMATION ON D/C PLAN.)

will go to John Motley for counseling + follow-up  
with AA 2 sponsor

19. DISCHARGE PLANS AND IDENTIFIED PROBLEMS (Include impediments to D/C and  
Aftercare)

Transition to John Motley for counseling  
Follow-up with AA mtg's 12-step/Sponsor  
Social involvement TX 4x/week

20. INTEGRATED SUMMARY:

SUGGESTED PROBLEMS TO BE ADDRESSED DURING THIS EPISODE OF TX:

Psychotic Illness:  
Panic Distress over visual hallucinations of snakes  
Feeling overwhelmed by stress

ANTICIPATED OUTCOME: Stabilize Psychotic Illness;  
↓ visual hallucinations; Improve daily life stress reduction  
coping skills;

RECOMMENDATIONS FOR TX INTERVENTIONS:

Group Therapy  
Therapeutic Recreation  
Medication Management  
Dr. Estabrook

SOCIAL SERVICES SIGNATURE

John N. Motley, M.A.  
LMSW-SP, LSC, LMT, CEN

DATE

09-10-99



Glen Oaks Hospital

# THERAPEUTIC RECREATION READMIT EVALUATION

JEDIDIAH

ROCK

75

PATIENT NAME: Jim Murphy

DATE: 9-9-99

DIAGNOSIS: MDD

**READMIT EVALUATION SINCE LAST ADMISSION:** Patient is readmitted into inpatient. Patient is unable to cope with daily stressors, becoming suicidal. Patient reporting he is hearing voices and is losing time.

## FUNCTIONAL PERFORMANCE SINCE LAST ADMISSION:

AREA	IMPROVE	DETERIORATION	NO CHANGE	COMMENTS
Decision Making/Problem Solving		X		
Socialization Skills		X		
Communication Skills		X		
Coping Skills		X		
Attention Span / Concentration		X		
Frustration Tolerance		X		
Memory / Orientation				
Insight		X		
Self Esteem		X		patient suicidal
Leisure Skills		X		
Independent Living Skills		X		

**PROBLEM(S):** 1. danger to self

**SHORT TERM GOAL(S):** 1. Patient will make positive statement regarding self and the ability to cope with stressors of life. 2. Patient will begin to think more clearly as demonstrated by logical coherent speech.

**INTERVENTION(S):** T.R. x 3 daily

**DISCHARGE PLAN:** Patient will demonstrate ability to cope with stressors and channel energy appropriately and refrain from substance use.

STAFF SIGNATURE:

DATE:

9-10-99

### Preliminary, Admitting Diagnosis:

54C140515  
Primary Diagnosis

Axis III \_\_\_\_\_ past highest GAF: \_\_\_\_\_  
 Axis IV \_\_\_\_\_  
 Axis V current GAF: \_\_\_\_\_

## Routine & PRN Meds

## Diagnostic Procedures

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Allergies: ICDIA  
activity Restrictions % 50%

**Miscellaneous:**

[illegible]

Date of Admission: 00-00

# MASTER TREATMENT PLAN

Problem: \_\_\_\_\_ Problem Title: \_\_\_\_\_

Diagnosis (DSM IV): \_\_\_\_\_

As Manifested By (give examples): \_\_\_\_\_

Long Term Goals (Discharge Criteria): \_\_\_\_\_

## Short Term Goal

# 1st will not attempt to harm self during stay @ 60H Target Date 9/10 Date Resolved 9/10 ongoing

2nd will attend nursing group at 9/10 ongoing

3rd will be able to take medication 9/10 ongoing

4th will be able to use toilet independently 9/10 ongoing

5th will be able to use shower independently 9/10 ongoing

6th will be able to use phone independently 9/10 ongoing

7th will be able to use elevator independently 9/10 ongoing

8th will be able to use stairs independently 9/10 ongoing

Status 3 - Open, Severe Impairment 1 - Open, Mild Impairment D - Problem Deferred

Codes 2 - Open, Moderate Impairment R - Problem Resolved X - Problem Re-defined

Treatment Plan Review Date									
Problem Status									

## Interventions

Frequency

Responsible Staff

Discipline

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 Daily, Group Therapy, 15 min, Clinical

#4 TRV 3 days, 15 min, TR

#5 \_\_\_\_\_

#6 \_\_\_\_\_

#7 \_\_\_\_\_

## PHYSICIAN APPROVAL OF TREATMENT PLAN:

Physician Signature: W. Allen E. Smith, MD Date: 9-10-09

I have reviewed my treatment plan with a member of the treatment team.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treatment Team Members

Date

Debra M. Heston, M.D. 9-10-09

Debra M. Heston, M.D. 9-10-09

**MULTIDISCIPLINARY  
PROGRESS NOTES**NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

1	Prob. # 2
Prob. # 3	Prob. # 4

Date	Time	Dept.	Prob.
------	------	-------	-------

**Medication PRN Notes:** Patient Name Jedidiah Murphy  
Lorixane 25mg IM x1 Now Only was given at 9-10-99 / 0030  
(Medication, Dosage and Route) (Date / Time)

Patient Education: \_\_\_\_\_  
Cooperation in Taking Meds: ☒ Totally Cooperative ☐ Required Verbal Persuasion  
☐ Other \_\_\_\_\_

Behaviors/Symptoms Being Treated: Psychotic Behavior + Anxiety  
Given By K. Derby RN

Patients Response Laying on bed & eyes closed. Resp. even + unlabored at this time.  
K. Derby RN 9-10-99 / 0130  
(Nurse Signature) (Date / Time)

9/90	12:30	NS	Pt. went to bed & sitting in the day room & other patients, laughing/cursing/talking loudly. Pt. appears to be enjoying himself very much although inappropriate for therapeutic stabilization. R. Bell RN
9/90	5:30	NS	Sleeping soundly, no distress. Cont SP II precautions & Q15' visual checks. R. Bell RN
9/90	9:00	NS	Attended Goals Group sitting at edge of group & hat + hands over face, cursing + interrupting group saying he was hearing seeing snakes + was very fearful + demanding staff fix it. Refused staff encouragement + peer suggestion. On Q15min checks. M. Nichols RN



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

243397 AP

MURPHY, JEDIDIAH

DR. ESTHER BOK

003

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
 DS - Dietary Services, PS - Psychological Services,  
 CS - Clinical Staff (S.W. & Therapist) MD - Physician

Date	Time	Dept.	Prob.
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9-10-99	1415	CS	1	GROUP THERAPY - 1 Hr.
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The Pt initially shook his head side to side stating he could think straight. Despite appearing withdrawn and during, he did interact with group well enough to respond appropriately with peers regarding reinforcers to depression, relapse triggers, and suicidal thoughts. The Pt identified with a female peer addressing growing up having everything he wanted and rebelling subsequently kicking himself out of the family. The Pt appeared surprised about if there were any loose ties between Family of origin dynamics and his depression.   
 Stacy N. Murray, M.A., LSW-ACP, LNC, LMF-T, C611

9-10-99	1745	CS	1	GROUP THERAPY - 1 Hr.
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The Pt self-isolated himself to sitting on the floor in the corner daunting in and out of consciousness, requiring multiple redirection to remain seated and stay on task. Group work focused on reinforcers to depression, Family of origin dynamics, suicidal thoughts, and negative self-messages.   
 Stacy N. Murray, M.A., LSW-ACP, LNC, LMF-T, C611



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
 DS - Dietary Services, PS - Psychological Services,  
 CS - Clinical Staff (S.W. & Therapist) MD - Physician

Date	Time	Dept.	Prob.
------	------	-------	-------

9-10-99	2000	NSg	#1	Pt attended 0.5 hours of wrap up. Pt remains on 15 minute visual safety checks. Aggression noted. Socialized w select peers & interaction w staff. Pt appeared to associate w select peers. Sexual inappropriate.
				Y. Miller RN

9/10/99	1000	NS		Pt states he wishes second his request for discharge at this time; that he has talked w his Dr. & understands what is being done for him. Staff encouraged him to continue w Dr's plan. Pt states he's pleased to be in hospital at this time where he can get help. One q 5 min checks for safety. M. Nuckel RN
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## Therapeutic Recreation Participation Record

MURPHY, JEDIDIAH  
3/1/79  
DR. ESTABROOK  
7272  
309 3/1/79 175

### Group(s) / Time(s)

Lifestyle Mgt. \_\_\_\_\_

☒ Kinetic Group

1245-215

Rec. Group \_\_\_\_\_

6-7

### 1. How was group focus related to this patient's treatment plan?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Inability to cope    | <input checked="" type="checkbox"/> Aggressive outbursts            | <input checked="" type="checkbox"/> Difficulties making decisions |
| <input checked="" type="checkbox"/> Low self esteem      | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process    |
| <input checked="" type="checkbox"/> Impulsive behavior   | <input checked="" type="checkbox"/> Inability to express feelings   | <input type="checkbox"/> Unable to complete task                  |
| <input checked="" type="checkbox"/> Poor Social Skills   | <input checked="" type="checkbox"/> Inability maintain sobriety     | <input type="checkbox"/> without assistance                       |
| <input checked="" type="checkbox"/> Suicidal Ideation's  | <input checked="" type="checkbox"/> Inability to solve problems     | <input checked="" type="checkbox"/> Inability to concentrate      |
| <input checked="" type="checkbox"/> Homicidal Ideation's | <input type="checkbox"/> Abandonment issues                         | <input type="checkbox"/> Inability to follow instructions         |
| <input checked="" type="checkbox"/> Depression           | <input type="checkbox"/> Inability to trust others                  | <input type="checkbox"/> High level's of anxiety                  |

### 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings. | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                            | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.               | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages.     | <input checked="" type="checkbox"/> Think more clearly as demonstrated by logical, speech.             |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                     | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

### 3. Symptoms Reported and/or observed:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Suicidal Ideation  | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation            | <input type="checkbox"/> Hostility      |
| <input type="checkbox"/> Somatic complaints | <input type="checkbox"/> Paranoia         | <input checked="" type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input type="checkbox"/> Self defeating     | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization                    | <input type="checkbox"/> Sleeplessness  |
| <input type="checkbox"/> Depressed          | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial                          | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Hiding             | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse                     | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional                      | <input type="checkbox"/> Labile         |
| <input type="checkbox"/> Angry outbursts    | <input type="checkbox"/> Panic            | <input checked="" type="checkbox"/> Anxious              | <input type="checkbox"/> Other: _____   |

### 4. Patient response / staff assessment:

- |   |  |   |  |   |
|---|--|---|--|---|
| <input checked="" type="checkbox"/> Attentive | <input checked="" type="checkbox"/> Supportive | <input checked="" type="checkbox"/> Guarded | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested          |
| <input type="checkbox"/> Sharing              | <input type="checkbox"/> Intrusive             | <input type="checkbox"/> Resistant          | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize |
| <input type="checkbox"/> Negative             | <input type="checkbox"/> Defensive             | <input type="checkbox"/> Positive           | <input type="checkbox"/> No disclosure | <input type="checkbox"/> Receptive to feedback  |

Pt. affect disturbed. Appeared to be responding to internal stimuli @ times. Pt. supportive of peers, but minimal socialization. No progress noted.

5. Plan: cont - TX

STAFF SIGNATURE: David Jordan TRS

DATE: 9/10/99



# Therapeutic Recreation Participation Record

2433097 AP  
MURPHY, JEDIDIAH  
33/33/33  
DR. ESTABROOK  
7272  
333 33/33/33

## Group(s) / Time(s)

Lifestyle Mgt. \_\_\_\_\_

Kinetic Group le-7

Rec. Group \_\_\_\_\_

## 1. How was group focus related to this patient's treatment plan?

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Inability to cope    | <input checked="" type="checkbox"/> Aggressive outbursts            | <input checked="" type="checkbox"/> Difficulties making decisions              |
| <input checked="" type="checkbox"/> Low self esteem      | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process                 |
| <input checked="" type="checkbox"/> Impulsive behavior   | <input checked="" type="checkbox"/> Inability to express feelings   | <input checked="" type="checkbox"/> Unable to complete task without assistance |
| <input checked="" type="checkbox"/> Poor Social Skills   | <input checked="" type="checkbox"/> Inability maintain sobriety     | <input checked="" type="checkbox"/> Inability to concentrate                   |
| <input checked="" type="checkbox"/> Suicidal Ideation's  | <input checked="" type="checkbox"/> Inability to solve problems     | <input checked="" type="checkbox"/> Inability to follow instructions           |
| <input checked="" type="checkbox"/> Homicidal Ideation's | <input checked="" type="checkbox"/> Abandonment issues              | <input checked="" type="checkbox"/> High level's of anxiety                    |
| <input checked="" type="checkbox"/> Depression           | <input checked="" type="checkbox"/> Inability to trust others       |  |

## 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings. | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                            | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.               | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages.     | <input checked="" type="checkbox"/> Think more clearly as demonstrated by logical speech.              |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                     | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Suicidal Ideation  | <input type="checkbox"/> Pressured Speech     | <input type="checkbox"/> Impaired Orientation            | <input type="checkbox"/> Hostility      |
| <input type="checkbox"/> Somatic complaints | <input type="checkbox"/> Paranoia             | <input checked="" type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input type="checkbox"/> Self defeating     | <input type="checkbox"/> Manic Tendencies     | <input type="checkbox"/> Minimization                    | <input type="checkbox"/> Sleeplessness  |
| <input type="checkbox"/> Depressed          | <input type="checkbox"/> Tremulousness        | <input type="checkbox"/> Denial                          | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Hiding             | <input checked="" type="checkbox"/> Shakiness | <input type="checkbox"/> Chem. Abuse                     | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation | <input type="checkbox"/> Phobias              | <input type="checkbox"/> Delusional                      | <input type="checkbox"/> Labile         |
| <input type="checkbox"/> Angry outbursts    | <input type="checkbox"/> Panic                | <input checked="" type="checkbox"/> Anxious              | <input type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |   |                                     |   |  |   |
|---|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> Attentive | <input type="checkbox"/> Supportive | <input checked="" type="checkbox"/> Guarded | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested                    |
| <input type="checkbox"/> Sharing              | <input type="checkbox"/> Intrusive  | <input type="checkbox"/> Resistant          | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize           |
| <input type="checkbox"/> Negative             | <input type="checkbox"/> Defensive  | <input type="checkbox"/> Positive           | <input type="checkbox"/> No disclosure | <input checked="" type="checkbox"/> Receptive to feedback |

Pt. affect disturbed. Seemed to be responding to internal stimuli @ times. Participated in group, but little socialization w staff or peers. No progress noted.

5. Plan: cont. TX.

STAFF SIGNATURE: David Jordan TRS DATE: 9-11-99

# Patient Assessment and Activity Record For 9/11/199

273097 AP

MURPHY, JEDIDIAH

DR. ESTAIR JOK

003 11/01/1995

## SATURDAY OR SUNDAY

### Hygiene & ADL

11-7 7-7 7-11  
( ) ( ) ( ) Independent

Hr. / T / P / R / BP

### If functioning not independent: Personal Care Provided

11-7 7-7 7-11  
( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

Hr. / T / P / R / BP

Hr. / T / P / R / BP

### DX Test/Treatments

Test Time

Test Time

### Nutritional (Eating)

7a 12p 5p  
( ) ( ) ( ) Refused Meal  
( ) ( ) ( ) 25%  
( ) ( ) ( ) 50%  
( ) ( ) ( ) 75%  
( ) ( ) ( ) 100%

Weight: (M & Th 3-11)

### Lab Services

Admit Profile Drawn Sent  
Blood  
Urine

M3721318-7 WOS

### Motivation Level to Attend Therapy & Activities

7-7 7-11  
( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

### Precautions

11-7 7-7 7-11  
( ) ( ) ( ) 1:1\*  
( ) ( ) ( ) SPI\*  
( ) ( ) ( ) SPII  
( ) ( ) ( ) EP  
( ) ( ) ( ) Seizure  
( ) ( ) ( ) Detox  
( ) ( ) ( ) R.T.F.  
( ) ( ) ( ) Seclusion\*  
( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

### Intervention

11-7 7-7 7-11  
( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

### Sleep Pattern

11-7  
( ) ( ) ( ) 7+ hours uninterrupted  
( ) ( ) ( ) Out of bed # times  
( ) ( ) ( ) Difficulty Falling to Sleep  
( ) ( ) ( ) Restless

## Education

Orientation:

☐ Patient ☐ Family Significant/Other:

Medication:

☐ Patient ☐ Family Significant/Other:

Disease:

☐ Patient ☐ Family Significant/Other:

Coping Skills:

☐ Patient ☐ Family Significant/Other:

Education Materials:

☐ Patient ☐ Family Significant/Other:

Signature of title staff 11-7

Signature of title staff 7-7

Signature of title staff 7-11

### Assessment by RN

Affect  
11-7 7-7 7-11  
( ) ( ) ( ) Bright  
( ) ( ) ( ) Flat  
( ) ( ) ( ) Blunted  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Apathetic  
( ) ( ) ( ) Restricted

Thought Process  
11-7 7-7 7-11  
( ) ( ) ( ) Organized  
( ) ( ) ( ) Preoccupied  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Concrete

### Behavior

11-7 7-7 7-11  
( ) ( ) ( ) Impulsive  
( ) ( ) ( ) Agitated  
( ) ( ) ( ) Uncooperative  
( ) ( ) ( ) Self-Destructive  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Violent  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Inappropriate  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Restless

### Cognition

11-7 7-7 7-11  
( ) ( ) ( ) Oriented x 3  
( ) ( ) ( ) Disoriented

### Social

11-7 7-7 7-11  
( ) ( ) ( ) Appropriate  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Attention Seeking  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Reclusive

### Physical Status

11-7 7-7 7-11  
( ) ( ) ( ) Abnormal findings\*  
( ) ( ) ( ) Skin  
( ) ( ) ( ) Neuro-Muscular  
( ) ( ) ( ) Cardio-Vascular  
( ) ( ) ( ) Respiratory  
( ) ( ) ( ) Gastrointestinal  
( ) ( ) ( ) Genitourinary  
( ) ( ) ( ) Seeks Meds  
( ) ( ) ( ) Somatic Complaints

### Mood

11-7 7-7 7-11  
( ) ( ) ( ) Depressed  
( ) ( ) ( ) Elated  
( ) ( ) ( ) Irritable  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Angry  
( ) ( ) ( ) Guilty  
Alertness  
( ) ( ) ( ) Alertness  
( ) ( ) ( ) Slight Drowsy  
( ) ( ) ( ) Lethargic  
( ) ( ) ( ) Hyper-Alert

### Insight

11-7 7-7 7-11  
( ) ( ) ( ) Self-Aware  
( ) ( ) ( ) Denial  
( ) ( ) ( ) Some Insight

11-7 RN

7-7 RN

7-11 RN

Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

 NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
 DS - Dietary Services, PS - Psychological Services,  
 CS - Clinical Staff (S.W. & Therapist) MD - Physician

 Prob. # 1 Danger to Self/Other Prob. #2 Psychotic Indication  
 Prob. #3 Prob. #4

Date	Time	Dept.	Prob.	
9/11	5:10	N.G.		<p>Gleaming soundly &amp; distress, resp. even/unlaboured, comit. <del>to</del> SPT precautions &amp; Q 15' visual checks P. Bell RN</p>
9/11	10 <sup>00</sup>	CS	1	<p>group 1.0 hr. Pt. cont to appear depressed but unresponsive in group. Pt. sits slumped down in chair &amp; hat pulled down over eyes exhibiting flat affect. Pt. did show that he is remaining sober through AA/NA attendance but cont. to struggle &amp; same. <del>Dr. Siles</del></p>
9/11/99	1345	NSG		<p>Pt. has been up on the unit, brighter affect @ times, interacting w/ peers, attention seeking, restless, attended goals group x 0.5 hrs, states feeling "healthy + anxious" goal is to "make it through the day &amp; having trouble", @ 1030 pt. 40 having anxiety attack, Dr. Siles notified of pt. condition &amp; new order received, Vicoril 50mg PO given @ 1030, med effective &amp; pt remains calm, on SPT &amp; q. 15 min visual checks for pt. safety. - T. Velin RN</p>
11/11/99	2012	NSG		<p>           ' Pt. to desk, requesting discharge.            ' Pt. filled out written request for DC.            ' Dr. Ald Siles notified &amp; order         </p>





Glen Oaks  
Hospital

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

# MULTIDISCIPLINARY PROGRESS NOTES

2433097 AP

MURPHY, JEDIDIAH

DR. ESTABROOK

Date | Time | Dept. | Prob.

9/11/99 2012 NSG In place Pt on 24" hold. Pt  
notified & verbalization of  
understanding. Remains on SP11  
Pre. & @ 15 min visual. V. for Pt  
Safety. J. Estabrook

9/11/99 2010 NSG Pt attended + participated in 0.5 hr  
work up therapy. Pt verbalized  
high + low for today as telephone  
calls. States wants to leave because  
has a little girl to care for. Remains  
on SP11 precautions & @ 15 min  
visual. V. for Pt safety. J. Estabrook



# Patient Assessment and Activity Record For 9/12/99

## SATURDAY OR SUNDAY

### Hygiene & ADL

11-7 7-7 7-11

( ) ( ) ( ) Independent

Hr. / T / P / R / BP

### If functioning not independent:

#### Personal Care Provided

11-7 7-7 7-11

( ) ( ) ( ) Bed Bath  
 ( ) ( ) ( ) Partial Bath  
 ( ) ( ) ( ) Shower  
 ( ) ( ) ( ) A.M. Care  
 ( ) ( ) ( ) P.M. Care

#### Elimination

Incont. = I, Void = V, Stool = BM

11-7 7-7 7-11

Weight: \_\_\_\_\_ (M &amp; Th 3-11)

#### Lab Services

Admit Profile Drawn Sent

Blood

Urine

Hr. / T / P / R / BP

Hr. / T / P / R / BP

#### DX Test/Treatments

Test Time

Test Time

#### Nutritional (Eating)

7a 12p 5p

( ) ( ) ( ) Refused Meal

( ) ( ) ( ) 25%

( ) ( ) ( ) 50%

( ) ( ) ( ) 75%

( ) ( ) ( ) 100%

2733097 AP

MURPHY, JEDIDIAH

DR. ESTABROOK

### Motivation Level to Attend Therapy & Activities

7-7 7-11

( ) ( ) ( ) Self motivated  
 ( ) ( ) ( ) Needs Reminders  
 ( ) ( ) ( ) Frequently Tardy  
 ( ) ( ) ( ) Some Refused\*  
 ( ) ( ) ( ) Refused All\*

#### Precautions

11-7 7-7 7-11

( ) ( ) ( ) I:1\*

( ) ( ) ( ) SP I\*

( ) ( ) ( ) SP II

( ) ( ) ( ) E.P.

( ) ( ) ( ) Seizure

( ) ( ) ( ) Detox

( ) ( ) ( ) R.T.F.

( ) ( ) ( ) Seclusion\*

( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

### Intervention

11-7 7-7 7-11

( ) ( ) ( ) Clarification  
 ( ) ( ) ( ) Limit-Setting  
 ( ) ( ) ( ) Confirmation  
 ( ) ( ) ( ) Problem Solving  
 ( ) ( ) ( ) Socialization  
 ( ) ( ) ( ) Role Playing  
 ( ) ( ) ( ) Orientation  
 ( ) ( ) ( ) Activity  
 ( ) ( ) ( ) Education  
 ( ) ( ) ( ) Journaling  
 ( ) ( ) ( ) Re-Directing  
 ( ) ( ) ( ) Support

#### Sleep Pattern

11-7

( ) 7 1/2 hours uninterrupted

( ) Out of bed # \_\_\_\_\_ times

( ) Difficulty Falling to Sleep

( ) Restless

## Education

Orientation: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Medication: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Disease: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Coping Skills: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Education Materials: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature of site staff 11-7

Signature of site staff 7-7

Signature of site staff 7-11

### Assessment

by RN

#### Affect

11-7 7-7 7-11

( ) ( ) ( ) Bright

( ) ( ) ( ) Flat

( ) ( ) ( ) Blunted

( ) ( ) ( ) Hostile

( ) ( ) ( ) Apathetic

( ) ( ) ( ) Restricted

#### Thought Process

11-7 7-7 7-11

( ) ( ) ( ) Organized

( ) ( ) ( ) Preoccupied

( ) ( ) ( ) Disorganized

( ) ( ) ( ) Concrete

### Behavior

11-7 7-7 7-11

( ) ( ) ( ) Impulsive

( ) ( ) ( ) Agitated

( ) ( ) ( ) Uncooperative

( ) ( ) ( ) Self-Destructive

( ) ( ) ( ) Disorganized

( ) ( ) ( ) Violent

( ) ( ) ( ) Hostile

( ) ( ) ( ) Manipulative

( ) ( ) ( ) Inappropriate

( ) ( ) ( ) Anxious

( ) ( ) ( ) Withdrawn

( ) ( ) ( ) Restless

( ) ( ) ( ) *Can't cooperate*

#### Cognition

11-7 7-7 7-11

( ) ( ) ( ) Oriented x 3

( ) ( ) ( ) Disoriented

### Social

11-7 7-7 7-11

( ) ( ) ( ) Appropriate

( ) ( ) ( ) Withdrawn

( ) ( ) ( ) Attention Seeking

( ) ( ) ( ) Manipulative

( ) ( ) ( ) Reclusive

#### Physical Status

✓ Abnormal findings\*

11-7 7-7 7-11

( ) ( ) ( ) Skin

( ) ( ) ( ) Neuro-Muscular

( ) ( ) ( ) Cardio-Vascular

( ) ( ) ( ) Respiratory

( ) ( ) ( ) Gastrointestinal

( ) ( ) ( ) Genitourinary

( ) ( ) ( ) Seeks Meds

( ) ( ) ( ) Somatic Complaints

### Mood

11-7 7-7 7-11

( ) ( ) ( ) Depressed

( ) ( ) ( ) Elated

( ) ( ) ( ) Irritable

( ) ( ) ( ) Anxious

( ) ( ) ( ) Angry

( ) ( ) ( ) Guilty

( ) ( ) ( ) *Embarrassed*

( ) ( ) ( ) Alertness

( ) ( ) ( ) Alertness

( ) ( ) ( ) Slight Drowsy

( ) ( ) ( ) Lethargic

( ) ( ) ( ) Hyper-Alert

#### Insight

11-7 7-7 7-11

( ) ( ) ( ) Self-Aware

( ) ( ) ( ) Denial

( ) ( ) ( ) Some Insight

11-7 RN

7-7 RN

7-11 RN

\* unable to answer  
 at sleep - 12

Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

 NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
 DS - Dietary Services, PS - Psychological Services,  
 CS - Clinical Staff (S.W. & Therapist) MD - Physician

Prob. # 1

Danger to self / others

Prob. # 2

Psychotic Indications

Prob. # 3

Prob. # 4

Date	Time	Dept.	Prob.	
9/12/99	05 <sup>30</sup>	NS		Pt remains in room. Lying on side. Resp open + unlabored. No/px distress. Pt has slight complication. Remains on SPH Precautions @ 15 min visual vs for pt safety. J. Rocher
9-12-99	16 <sup>40</sup>	NS		Q.S. min, vs continue. to be made by Staff, pt did not attend AM Goals Group through out the day. pt has been focused on discharge. pt put in his 24 <sup>hr</sup> request but AS, Dr Siler in today met & pt New orders taken for discharge, pt calm denies being a danger to him self or others. M. Fisher MD pt discharged to home, family here to provide transport, reviewed DC plan & pt, Rx's & copy of DC plan sent home & pt all pts belongings were sent to him. M. Fisher MD
9-12-99	17 <sup>10</sup>	NS		

Glen Oaks  
Hospital

# PHYSICIAN'S ORDER

(Inpatient)

2.3.97 AP

MURPHY, JEDIDIAH

MURPHY, JEDIDIAH

Murphy

Orders:

Admit to: ☒ Adult Care ☐ Special Care ☐ Youth Care ☐ ChildrenAdmitting Diagnosis: Psychosis NOSDiet: ☒ Regular ☐ Special/Specify type: \_\_\_\_\_Exam: ☐ H&P ☒ Defer H&P/less than 30 daysAllergies: Iodine

## Laboratory Studies:

☐ Admit Profile (CBC, Chemistry, Auto) ☐ DST ☐ Pregnancy Test, Urine☐ RPR ☐ Comp Thyroid ☐ TSH ☐ Urinalysis ☐ \_\_\_\_\_☐ \_\_\_\_\_ ☐ \_\_\_\_\_

Misc./Specify with Justification: \_\_\_\_\_

## PRN Meds:

☒ Tylenol 325 mg x2 PO Q 6 hr PRN for Pain☒ MOM 30 cc PO Q 6 hr PRN for Laxative☒ Advil 200 mg x2 PO Q 6 hr PRN for Pain☒ Maalox 30 cc PO Q 6 hr PRN for Antacid☐ Tylenol 325 mg x1 PO Q 6 hr PRN for Pain☐ MOM 15 cc PO Q 6 hr PRN for Laxative☐ Advil 200 mg x1 PO Q 6 hr PRN for Pain☐ Maalox 15 cc PO Q 6 hr PRN for AntacidSpecial ☐ SP I ☒ SP II ☐ EP ☐ Detox Protocol ☐ Seizure ☐ RTF 1, ☐ RTF 2

Precautions:

Due To: \_\_\_\_\_

Restrictions/Privileges: \_\_\_\_\_

## Signatures:

Ordering Physician \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

T.O./V.O. by Nurse Dr. Kalra / V. Dealy RNDate 9-10-99 Time 0010Physician Signature: William Edbroh MDDate 9-10-99 Time 0915Noted K. Dealy RNDate 9-10-99 Time 0010

USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

INSTRUCTIONS:

AFTER PHYSICIAN WRITES A MEDICATION ORDER:

1. Remove yellow and pink copies.
2. Dispatch yellow copy to the Pharmacy and the pink copy to the Medication Nurse.
3. After copy 3 is used "X" out remaining unused lines.

(IMPRINT PATIENT'S PLATE HERE)

# PHYSICIAN'S ORDER

ALLERGIES:

Pl. Wt.

TRANSFER TO

DATE ORDERED

TIME

ORDERS:

ANOTHER BRAND OF A GENERALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)

9/9/99

6:30 pm

Admitt to Adult unit c/o Dr Estabrook.  
Ox Psychosis NOS.  
Call Dr Kalra for further orders  
VO Dr Kalra / B. Hargis

9-10-99

0010

Loxitane 25mg IM x1 Now Only for Agitation & Psychotic Beh.  
Natural Tears Use As Directed PRN  
Loxitane 10mg PO Q6° PRN for Agitation  
Ultram 50mg PO Q6-8° PRN Pain  
Loxitane 25mg PO QHS  
Loxitane 10mg PO Q9am + 3pm  
Seroquel 150mg PO QHS  
Effexor XR 75mg PO p Breakfast + p Lunch  
Ativan 1mg PO Q9am, 1300, +1700  
Vit. B-100 Complex PO QAM.  
Multi-Vite PO Qam  
T.O. Dr. Kalra / K. Dearly RN  
Noted K Dearly RN 9-10-99 @ 0010

9/10/99

1035

Klonopin 2mg PO x1 Now Agitation  
W. Dr ESTABROOK / S. Rasmussen

Wm Estabrook MD 9/10/99 1330

Noted by S. Rasmussen @ 1040 9/10/99

9-10-99

1330

LOXITANE 50mg PO qhs + Klonopin 2mg po qhs.  
+ Ser DC SEROQUEL  
please get VDS done

Wm Estabrook MD

Noted D. H. W. 9/10/99 @ 1400

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS

NO. OF ORDERS

USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

INSTRUCTIONS: AFTER PHYSICIAN WRITES A MEDICATION ORDER:  
1. Remove yellow and pink copies.  
2. Dispatch yellow copy to the Pharmacy and the pink copy to the Medication Nurse.  
3. After copy 3 is used "X" out remaining unused lines.  
(IMPRINT PATIENT'S PLATE HERE)

# PHYSICIAN'S ORDER

ALLERGIES:

PL. Wt.

1.	
2.	
3.	
4.	
TRANSFER TO	1 2 3

DATE ORDERED	TIME	ORDERS:	ANOTHER BRAND OF A GENERICALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)	✓															
9/10/99	2200	Ambien 10mg. X1 PO only for insomnia T.O. Dr. Siles / M.H. Jones RN																	
9/10/99	2200	Bones, 600																	
9-11-99	1030	Vistaril 50mg PO X 1 NOW VO Dr. Siles / NS Fisher RNC																	
9-11-99	1030	Mons, 600																	
9-11-99	2012	Place pt on 24° hold. T.O. Dr. Siles / L. Roach RN Mons, 600																	
<p>YOUR ORDERS FOR THE FOLLOWING MEDICATIONS WILL EXPIRE <u>9-12-99</u> DO YOU WISH TO CONTINUE THESE MEDICATIONS?</p> <table border="1"> <thead> <tr> <th>YES</th> <th>MEDICATION</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>SPIT</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>9-12-99 (date)</p>					YES	MEDICATION	NO	<input checked="" type="checkbox"/>	SPIT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
YES	MEDICATION	NO																	
<input checked="" type="checkbox"/>	SPIT	<input type="checkbox"/>																	
<input type="checkbox"/>		<input type="checkbox"/>																	
<input type="checkbox"/>		<input type="checkbox"/>																	
<input type="checkbox"/>		<input type="checkbox"/>																	

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS



USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

## INSTRUCTIONS:

AFTER PHYSICIAN WRITES A MEDICATION ORDER:

1. Remove yellow and pink copies.
2. Dispatch yellow copy to the Pharmacy and the pink copy to the Medication Nurse.
3. After copy 3 is used "X" out remaining unused lines.

(IMPRINT PATIENT'S PLATE HERE)

## PHYSICIAN'S ORDER

ALLERGIES:

Pt. Wt.

1.

2.

3.

4.

TRANSFER  
TO

1

2

3

DATE  
ORDERED

TIME

ORDERS:

ANOTHER BRAND OF A GENERICALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND  
CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)

9-12-99  
10<sup>00</sup>

D/C SP-TP

Discharge at Mr's request on

Lexital 50 → 14 gpi. Flexon 75 →

11 gpi 8 noon,

Mivan. D/C Isonopon

Tiplin.

noted  
9-12-99  
1300

NO. OF ORDERS REMAINING

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS



Glen Oaks  
Hospital

# Consent to Treatment with Psychoactive Medication

2403097 AP

MURPHY, JEDIDIAH

DORSET, A ROCK

The Individual Jedidiah Murphy, being served at Glen Oaks Hospital, on 9-10-99  
(Date)  
has received a complete explanation of: Antipsychotic  
Name of Medication or Medication Group (Class)

## The explanation was given to the individual in simple, nontechnical language and included:

Indicate  
accomplishment  
by a ✓ mark

- |  |  |
|--|--|
| 1. The nature of his/her mental and physical condition.  |  |
| 2. The expected beneficial effects on his/her condition as a result of treatment with the medication(s).   |  |
| 3. The probable health and mental health consequences of not taking the medication, including the occurrence, increase, or reoccurrence of symptoms of mental illness.   |  |
| 4. The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.  |  |
| 5. A description of the proposed course of treatment with the medication(s).   |  |
| 6. The fact that side effects varying degrees of severity are a risk of all medications.   |  |
| 7. The relevant side effects of the medication(s) being prescribed are explained, including: <ul style="list-style-type: none"> <li>• Any side effects which are known to frequently occur in most individuals;</li> <li>• Any side effects to which the individual may be predisposed;</li> <li>• The nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.</li> </ul> |  |
| 8. The need to advise staff immediately if any of these side effects occur.  |  |
| 9. An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.  |  |
| 10. A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)   |  |
| 11. An offer to answer any questions concerning this treatment.  |  |

I have read and received a complete explanation of the psychoactive medication(s) by means of:  
(✓those appropriate) ☐ Oral explanation, ☐ Printed material Other \_\_\_\_\_  
(Specify)

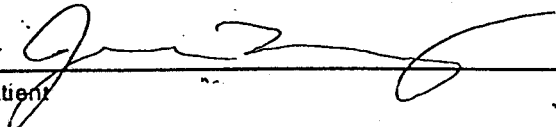
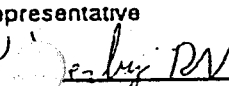
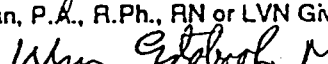


# Consent to Treatment with Psychoactive Medication

I have also received the Consent to Treatment with Psychoactive Medication Information Sheet (9-7.1 or 9-7.2) and the related material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (as indicated on the front of this form). I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.

I understand that if I have been committed under provisions other than those found in the Texas Mental Health Code (i.e., Code of Criminal Procedures, Family Code) the decision to administer psychoactive medication is within the discretion of the doctor during the first 14 days of my commitment. If I do not wish to take the medication, it may still be given to me if the doctors concur despite my objection.

 Patient		9-10-99 Date
Representative  Relationship to Patient		Date 9-10-99
Physician, P.A., R.Ph., RN or LVN Giving Explanation  Date		Date 9-10-99
Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN acquired within two working days of P.A., R.Ph., RN or LVN giving explanation)		Date

## CONSENT FOR TREATMENT INVOLVING A MINOR:

If this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- Name of one or both parents, if known: \_\_\_\_\_
- Name of legally authorized representative of person, if appointed: \_\_\_\_\_
- Date on which treatment is to begin: \_\_\_\_\_

## WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for \_\_\_\_\_  
 (Name of Psychoactive Medication or Medication Group)

Signature	Date	Witness	Date
-----------	------	---------	------

Glen Oaks  
Hospital

# Consent to Treatment with Psychoactive Medication

MURPHY, JEDIDIAH

D.K. EL...

D.O.

The Individual Jedidiah Murphy, being served at Glen Oaks Hospital, on \_\_\_\_\_ (Date)  
has received a complete explanation of: Anxiolytic/Sedative/Hypnotic  
Name of Medication or Medication Group (Class)

## The explanation was given to the individual in simple, nontechnical language and included:

Indicate  
accomplishment  
by a ✓ mark

- |  |  |
|--|--|
| 1. The nature of his/her mental and physical condition.  |  |
| 2. The expected beneficial effects on his/her condition as a result of treatment with the medication(s).   |  |
| 3. The probable health and mental health consequences of not taking the medication, including the occurrence, increase, or reoccurrence of symptoms of mental illness.   |  |
| 4. The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.  |  |
| 5. A description of the proposed course of treatment with the medication(s).   |  |
| 6. The fact that side effects varying degrees of severity are a risk of all medications.   |  |
| 7. The relevant side effects of the medication(s) being prescribed are explained, including: <ul style="list-style-type: none"> <li>• Any side effects which are known to frequently occur in most individuals;</li> <li>• Any side effects to which the individual may be predisposed;</li> <li>• The nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.</li> </ul> |  |
| 8. The need to advise staff immediately if any of these side effects occur.  |  |
| 9. An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.  |  |
| 10. A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)   |  |
| 11. An offer to answer any questions concerning this treatment.  |  |

I have read and received a complete explanation of the psychoactive medication(s) by means of:  
(✓those appropriate) ☐ Oral explanation, ☐ Printed material Other \_\_\_\_\_  
(Specify)

Glen Oaks  
Hospital

# Consent to Treatment with Psychoactive Medication

I have also received the Consent to Treatment with Psychoactive Medication Information Sheet (9-7.1 or 9-7.2) and printed material which summarizes specific information regarding the psychoactive medication(s) for which I have given consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (class) as indicated on the front of this form. I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.

I understand that if I have been committed under provisions other than those found in the Texas Mental Health Code (or Code of Criminal Procedures, Family Code) the decision to administer psychoactive medication is within the discretion of my doctor during the first 14 days of my commitment. If I do not wish to take the medication, it may still be given to me if doctors concur despite my objection.

X [Signature]  
Patient

Date

Representative Relationship to Patient

Date

[Signature]  
Physician, P.A., R.Ph., RN or LVN Giving Explanation

Date

Wm. G. Groh MD

9-10-99

Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN  
(required within two working days of P.A., R.Ph., RN or LVN giving explanation)

Date

## CONSENT FOR TREATMENT INVOLVING A MINOR:

If this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- a) Name of one or both parents, if known: \_\_\_\_\_
- b) Name of legally authorized representative of person, if appointed: \_\_\_\_\_
- c) Date on which treatment is to begin: \_\_\_\_\_

## WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for \_\_\_\_\_  
(Name of Psychoactive Medication or Medication Group)

Patient Signature

Date

Witness

Date

Glen Oaks  
Hospital

# Consent to Treatment with Psychoactive Medication

MURPHY, JEDIDIAH

J. E. A. BROOK

The Individual Jedidiah Murphy, being served at Glen Oaks Hospital, \_\_\_\_\_ (Date)

has received a complete explanation of: Anti-depressant  
Name of Medication or Medication Class (Class)

## The explanation was given to the individual in simple, nontechnical language and included:

Indicate  
accomplishment  
by a ✓ mark

- |  |  |
|--|--|
| 1. The nature of his/her mental and physical condition.  |  |
| 2. The expected beneficial effects on his/her condition as a result of treatment with the medication(s).   |  |
| 3. The probable health and mental health consequences of not taking the medication, including the occurrence, increase, or reoccurrence of symptoms of mental illness.   |  |
| 4. The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.  |  |
| 5. A description of the proposed course of treatment with the medication(s).   |  |
| 6. The fact that side effects varying degrees of severity are a risk of all medications.   |  |
| 7. The relevant side effects of the medication(s) being prescribed are explained, including: <ul style="list-style-type: none"> <li>• Any side effects which are known to frequently occur in most individuals;</li> <li>• Any side effects to which the individual may be predisposed;</li> <li>• The nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.</li> </ul> |  |
| 8. The need to advise staff immediately if any of these side effects occur.  |  |
| 9. An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.  |  |
| 10. A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)   |  |
| 11. An offer to answer any questions concerning this treatment.  |  |

I have read and received a complete explanation of the psychoactive medication(s) by means of:  
(✓those appropriate) ☐ Oral explanation, ☐ Printed material Other \_\_\_\_\_ (Specify)



# Consent to Treatment with Psychoactive Medication



I have also received the Consent to Treatment with Psychoactive Medication Information Sheet (9-7.1 or 9-7.2) and the related material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group(s) as indicated on the front of this form. I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I should continue taking the psychoactive medication prescribed by my physician.

I understand that if I have been committed under provisions other than those found in the Texas Mental Health Code (i.e., Title of Criminal Procedures, Family Code) the decision to administer psychoactive medication is within the discretion of the doctor during the first 14 days of my commitment. If I do not wish to take the medication, it may still be given to me if the doctors concur despite my objection.

X [Signature] \_\_\_\_\_ Date \_\_\_\_\_  
Patient

\_\_\_\_\_  
Representative Relationship to Patient Date

\_\_\_\_\_  
Physician, P.A., R.Ph., RN or LVN Giving Explanation Date  
Wm. Etobrook MD 9-10-99

\_\_\_\_\_  
Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN Date  
(signed within two working days of P.A., R.Ph., RN or LVN giving explanation)

## CONSENT FOR TREATMENT INVOLVING A MINOR:

This consent is for treatment of a minor under Section 35.01, Texas Family Code. the following information must be provided:

- a) Name of one or both parents, if known: \_\_\_\_\_
- b) Name of legally authorized representative of person, if appointed: \_\_\_\_\_
- c) Date on which treatment is to begin: \_\_\_\_\_

## WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for \_\_\_\_\_  
(Name of Psychoactive Medication or Medication Group)

\_\_\_\_\_  
Signature Date Witness Date



301 E. Division  
P.O. Box 1885  
Greenville, Texas 75403

## Page 1

[illegible]

**CANARY - TO PHARMACY AT DISCHARGE**

Page 1

KEIFER TOILEN = 1391-VIK-007



Glen Oaks Hospital

2301 E. Division  
P.O. Box 1845  
Greenville, Texas 75403

I-4-A

# MEDICATION ADMINISTRATION RECORD/ PHARMACY PROFILE

ROUTINE  
MEDICATIONS

ADDRESSOGRAPH		J E D I D I A I I		HT	WT	ALLERGIES: Iodine		PHYSICIAN: Estabrook		UNIT: AP	
TRANSCRIBER		MEDIATIONS DOSAGE, FREQUENCY		START DATE	STOP DATE	TIMES TO BE GIVEN	DATE	DATE	DATE	DATE	DATE
KD	Loxitane 25mg PO QHS	9/10	9/10	2100	9/10	9/11	9/12	9/13	9/14	9/15	9/16
KD	Loxitane 10mg PO Q 9am + 3pm.	9/10	9/10	0900 1500	9/10	9/11	9/12	9/13	9/14	9/15	9/16
KD	Seroquel 150mg PO QHS	9/10	9/10	2100	9/10	9/11	9/12	9/13	9/14	9/15	9/16
KD	EPFexor XR 75mg PO p Breakfast + p Lunch	9/10	9/10	0900 1300	9/10	9/11	9/12	9/13	9/14	9/15	9/16
KD	Ativan 7mg PO Q 9am, 1300, + 1700	9/10	9/13	0900 1300 1700	9/10	9/11	9/12	9/13	9/14	9/15	9/16
KD	Vit. B-100 Complex + PO QAM.	9/10	9/10	0900	9/10	9/11	9/12	9/13	9/14	9/15	9/16
KD	Mult. - Vit. + PO QAM	9/10	9/10	0900	9/10	9/11	9/12	9/13	9/14	9/15	9/16
KD	Loxitane 50mg PO q HS.	9/10	9/10	2100	9/10	9/11	9/12	9/13	9/14	9/15	9/16

WHITE - TO CHART

CANARY - TO PHARMACY AT DISCHARGE

REFER TO ITEM # COH-MR-004



Glen Oaks  
Hospital

# CONTINUING CARE DISCHARGE PLANNING PART I

27 3:47 PM

JEDIDIAH

ESTABROOK

(Please Press Hard)

ADDRESSOGRAPH

NAME <u>Jedidiah Murphy</u>	DISCHARGE DATE <u>9-12-99</u>	M.R. #
HOME ADDRESS	PHYSICIAN <u>Estabrook</u>	
PATIENT TELEPHONE NUMBER	PHYSICIAN TELEPHONE #	

FINANCIAL SUPPORT EDUCATION/ VOCATIONAL PLANS	SCHOOL	WORK
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> PART-TIME
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> FULL-TIME
	<input type="checkbox"/> OTHER (PLEASE EXPLAIN)	

	NAME	ADDRESS	TELEPHONE #	DATE OF NEXT APPT.	TIME
PSYCHIATRIST	DR Estabrook	CALL for Appointment			
INDIVIDUAL THERAPIST	When Medications Are Needed.				
CONTINUING CARE			(903) 454-6000		
FAMILY PHYSICIAN					
OTHER (FAMILY, COUPLES etc.)					

INCLUDE OTHER TREATMENT RECOMMENDATIONS SUCH AS JOURNAL WRITING, OTHER SUPPORT GROUPS, SPECIFIC EXERCISE PROGRAMS, etc. ALSO ADDRESS SOCIAL SERVICES COMPONENTS SUCH AS APPOINTMENT WITH STATE DISABILITY, THE DEPARTMENT OF SOCIAL SECURITY, WELFARE, FOODSTAMPS, etc.

GROUP / SERVICE	TIME	DAYS

PERSONS IN RECOVERY FROM CHEMICAL DEPENDENCY ARE EXPECTED TO ATTEND 90 NA OR AA MEETINGS IN THE 90 DAYS FOLLOWING DISCHARGE. A WEEKLY SCHEDULE FOLLOWS:

NA/AA SPONSOR & TELEPHONE #	NA/AA SPONSOR & TELEPHONE #
--------------------------------	--------------------------------

TREATMENT SUMMARY (INCLUDE DISCHARGE DIAGNOSIS)	<u>PMMA in 2001/02, 2002</u>	<u>298-90</u>
--	------------------------------	---------------

It is being discharged per  
His Request.

CONTINUING CARE PLAN & MAXIMUM TREATMENT BENEFIT/DISPOSITION  
(HOME, OUTPATIENT, IOP, PHP, RTC, HOME HEALTH etc.)

Seek out patient Treatment from the  
Therapist of your Choice  
Psychotic Disorder.

LEISURE/SOCIAL  
(T.R. INPUT): Patients Choice

THREE MONTH GOALS FOR  
CONTINUING CARE: Continue To Take Medications AS  
Prescribed by your Physician

LEISURE/SOCIAL  
(T.R. INPUT):

FAMILY/SIGNIFICANT OTHERS PARTICIPATE AS FOLLOWS:	INDIVIDUAL	GROUP
OTHER (IDENTIFY)		





# CONTINUING CARE DISCHARGE PLANNING PART II

(Please Press Hard)

2. 3. 47 AP

JEDIDIAH

ADDRESSOGRAPH

DISCHARGE TO: Home TRANSFERRED TO: \_\_\_\_\_ DATE OF NEXT ATTENDANCE: \_\_\_\_\_  
☐ ROUTINE ☐ AMA ☒ AT PATIENT'S OR FAMILY'S REQUEST ☐ OTHER (EXPLAIN) \_\_\_\_\_  
 TRANSPORTATION - ☐ PERSONAL CAR ☐ PARENT/RELATIVE ☐ PUBLIC ☐ SELF ☐ OTHER (EXPLAIN) \_\_\_\_\_  
 TIME PATIENT LEFT HOSPITAL: 1710

ACCOMPANIED BY: \_\_\_\_\_ RELATIONSHIP: friend I HAVE RECEIVED ALL PERSONAL ITEMS & VALUABLES - PATIENT'S INITIAL: [Signature]

MEDICATION	DOSAGE	FREQUENCY	ROUTE
Loxitane	25mg	#2 pills @ bedtime	by mouth
Effexor	75mg	in the morning + at noon	by mouth

## PATIENT DEMONSTRATES UNDERSTANDING OR KNOWLEDGE OF:

REFERRALS OR PLACEMENT ☒ YES ☐ NO ☐ NA MEDICATIONS HAVE BEEN EXPLAINED TO MY SATISFACTION PT'S INITIAL: [Signature]  
 POTENTIAL DRUG-FOOD INTERACTION ☒ YES ☐ NO ☐ NA WHEN & HOW TO SEEK FURTHER TREATMENT ☒ YES ☐ NO ☐ NA  
 MEDICATIONS & HOW TO ADMINISTER ☒ YES ☐ NO ☐ NA FAMILY DEMONSTRATES ABILITY TO CARE FOR PT. ☒ YES ☐ NO ☐ NA  
 IF PT IS UNABLE, FAMILY IS KNOWLEDGABLE ☒ YES ☐ NO ☐ NA NUTRITION INTERVENTION AND/OR MODIFIED DIET ☒ YES ☐ NO ☐ NA  
 IMPORTANCE OF GETTING MEDS FILLED PRIOR TO NEXT SCHEDULED DOSAGE ☒ YES ☐ NO ☐ NA  
 IMPORTANCE OF COMMUNICATING WITH ATTENDING PHYSICIAN IF EXPERIENCING SIDE EFFECTS ☒ YES ☐ NO ☐ NA  
 MEDICAL CONDITION ☒ YES ☐ NO ☐ NA, PERTINENT LAB FINDINGS ☒ YES ☐ NO ☐ NA, OTHER FOLLOW-UP ISSUES ☒ YES ☐ NO ☐ NA  
 PRESCRIPTIONS HAVE BEEN GIVEN TO THE PATIENT ☒ YES ☐ NO ☐ NA (IF NO) EXPLAIN WHY PRESCRIPTIONS HAVE NOT BEEN WRITTEN. \_\_\_\_\_

PRESCRIBED MEDICATIONS ARE AVAILABLE THROUGH INSURANCE, SELF-PAY etc. ☐ YES ☐ NO ☐ NA

DURING TREATMENT, PHYSICAL PROBLEMS THAT WERE IDENTIFIED: none identified

SPECIAL INSTRUCTIONS: Please take medications as prescribed

TO WHOM? \_\_\_\_\_ PRESCRIBING M.D. \_\_\_\_\_

NURSING SUMMARY OF PATIENT'S CONDITION UPON DISCHARGE: Pt. is stable to return to self care, denies suicidal + homicidal thoughts.

I UNDERSTAND AND AGREE WITH THE PRECEDING INSTRUCTIONS		CARE MANAGER SIGNATURE	DATE
PATIENT SIGNATURE <u>[Signature]</u>	DATE <u>9-12-99</u>	T.R. SIGNATURE <u>[Signature]</u>	DATE <u>9-12-99</u>
FAMILY OR SIGNIFICANT OTHER SIGNATURE	DATE	MSW/THERAPIST SIGNATURE <u>[Signature]</u>	DATE <u>9-12-99</u>
R.N. SIGNATURE <u>T. Vein RN</u>	DATE <u>9-12-99</u>	PHYSICIAN SIGNATURE <u>William E. Eubank MD</u>	DATE <u>9-12-99</u>



Glen Oaks  
Hospital

# CLOTHING AND VALUABLES LIST

 Name \_\_\_\_\_ AP \_\_\_\_ YC \_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_

2403097 AP

 MURPHY, JEDIDIAH  
 11/01/79  
 DR. ESTABROOK  
 7272

Item	AMT.	Description	Item	AMT.	Description
2 pc Suits			Aftershave		
Belts			Blanket		
Blouse	1		Brush		
Bodysuits			Cologne		
Boots			Comb		
Bras			Compact		
Caps			Conditioner		
Coats			Contact Kit		
Dresses			Contact Lens		
Handkerchief			Dental Floss		
Hats			Denture Cup		
Jackets	11		Denture-Low		
Jeans	111		Denture-Part		
Jumpsuits			Denture-Up		
Nightgown			Deodorant		
Pajamas			Eyeglasses		
Pantyhose			Face Cream		
Purse			Glass Case		
Robe			Hair Bows		
Sandals			Hair Grease		
Shirt-Pull			Hair Pins		
Shirt-Sleeve			Hair Pick		
Shoes			Hair Spray		
Shorts	11		Hearing Aid		
Skirts			Lipstick		
Slacks	111		Lotion		
Slip			Makeup Kit		
Sneakers			Mirror		
Socks			Mouthwash		
Sweaters	111		Nail Clippers		
Sweatpants			Nail file		
Sweatshirts	1		Nailpolish/Rmvr.		
Swimsuits			Pencil Sharp		
T-Shirts			Perfume		
Ties			Pillow		
Underwear			Powder		
Vest			Razor		
Other			Shampoo		
Hat -	1		Soap		
Wristle neck	1		Sunglasses		
Windproof	1		Toothbrush		
			Towels		
			Tweezers		
			Wash Cloth		
			Other		



**Glen Oaks Hospital**

301 East Division, Greenville, Texas 75402  
(903) 454-6000 or (800) 443-1109

MED. REC. NO.  
7272

PT NO 2484442		PATIENT NAME MURPHY, JEDIDIAH I		COUNTY 129	
ADDRESS 6305 FM 429					
CITY KAUFMAN		STATE TX	ZIP 75142-0000	PHONE 972-962-7443	EXT.
AGE 24	DOB 09/01/1975	SEX M	RACE I	MS X	PREVIOUS NAME N/A
ADM DATE 09/30/99		TIME 17:00	SRC RB	PT TYPE J	PRI R
PT EMPLOYER NONE		TELEPHONE -		EXT -	OCCUPATION CONSTRUC. OPERATOR
EMPLOYER ADDRESS					
CITY		STATE	ZIP	RETIREMENT DATE	
NEAREST RELATIVE NAME WILLIS, CHELSEA L					
RLTN 4		ADDRESS 727 E. NORT COMMERCE		PH: - -	
CITY WILLS POINT		STATE TX	ZIP 75169-	PHONE 903-873-6830	EXT
EMERGENCY CONTACT NAME ABBOTT, HOPE I					
RLTN N		ADDRESS 6305 FM 429		OTH PH: 972-286-1570	
CITY KAUFMAN		STATE TX	ZIP 75142-	PHONE 972-962-7443	EXT
GUARANTOR NAME MURPHY, JEDIDIAH I		RLTN S	SOCIAL SECURITY NUMBER 456-71-2610		PHONE 972-962-7443
ADDRESS 6305 FM 429		STATE TX	ZIP 75142-0000	OCCUPATION CONST	EXT
GUARANTOR EMPLOYER NONE		PHONE -		EXT	
ADDRESS					
CITY		STATE	ZIP	FC H	
INSURANCE NAME 1 MAGELLAN - NSTAR		CODE G26A1103713	GROUP #	SUBSCRIBER MURPHY, JED S	REL AUTH #
INSURANCE NAME 2		CODE	GROUP #	SUBSCRIBER	REL AUTH #
INSURANCE NAME 3		CODE	GROUP #	SUBSCRIBER	REL AUTH #
ATTENDING PHYSICIAN ESTABROOK, WILLIAM		ATTENDING # 001115	REF SRC	ADM BY NOLANT	PREV ADM DATE
ADM DIAGNOSIS MAJOR DEPRESSION		MED SVC PSY	CODE	ALLERGIES	PREVIOUS FACILITY GOH
ADMITTING PHYSICIAN MOOLAMALLA PRAVEEN MD		ADMITTING # 004077	AUTHORIZED BY		
PROCEDURE		CLINICAL COMMENT		MODE OF ARRIVAL/ACCOMPANIED BY	
REL OF INFO	ADV DIR	LIVING WILL	LOCATION OF WILL/DIRECTIVE	FAMILY DOCTOR	

FINAL DIAGNOSES (FIRST DIAGNOSIS PRINCIPAL UNLESS NOTED)

CODE

*Bi Polar II DO 296.89  
Polysubstance Dep 304.86  
Dissociative Identity 300.14*

PRECERT INFORMATION

REFERRAL INFORMATION

1.

PROCEDURES

2.

CONSULTING PHYSICIANS /PRIMARY CARE

3.

DRG

LOS

TRANS TO:	ACUTE	SNF <input type="checkbox"/>	REHAB <input type="checkbox"/>	HOSPICE <input type="checkbox"/>	HOME HEALTH <input type="checkbox"/>	HOME IV <input type="checkbox"/>	AGAINST MED ADV <input type="checkbox"/>	HOME <input checked="" type="checkbox"/>
DISCHARGE DATE	TIME	OTHER						
10/6/99	9:20							
EXPIRED <input type="checkbox"/>	TIME	<48HRS <input type="checkbox"/>	>48HRS <input type="checkbox"/>	CORONER <input type="checkbox"/>	AUTOPSY YES <input type="checkbox"/>	NO <input type="checkbox"/>		

*William Estabrook MD*  
ATTENDING PHYSICIAN SIGNATURE & DATE

66-0c-6

**Glen Oaks Hospital**301 East Division, Greenville, Texas 75402  
(903) 454-6000 or (800) 443-1109MED. REC. NO.  
7272

PT NO		2483097		PATIENT NAME		MURPHY, JEDIDIAH I	
ADDRESS		6305 FM 429		CITY		KAUFMAN	
STATE		TX		ZIP		75142-0000	
PHONE		972-962-7443		EXT.			
COUNTY		29		SOCIAL SECURITY NO.		456-71-2610	
AGE		24		DOB		09/01/1975	
SEX		M		RACE		1	
MS		X		PREVIOUS NAME		N/A	
ADM DATE		09/09/99		TIME		19:33	
SRC		RB		PT TYPE		J	
PRI		R		ACCIDENT INFO		Z	
VOLUNTARY ADM		Y		ORGAN DNR		133 01	
INFANT AGE				OCCUPATION		CONSTRUC. OPERATOR	
PT EMPLOYER		NONE		TELEPHONE			
EMPLOYER ADDRESS				STATE		ZIP	
CITY				RETIEMENT DATE			
NEAREST RELATIVE NAME		WILLIS, CHELSEA L		RTN		4	
ADDRESS		727 E. NORT COMMERCE		CITY		WILLIS POINT	
STATE		TX		ZIP		75169-	
PHONE		903-873-6830		EXT			
EMERGENCY CONTACT NAME		ABBOTT, HOPE I		RTN		N	
ADDRESS		6305 FM 429		CITY		KAUFMAN	
STATE		TX		ZIP		75142-	
PHONE		972-962-7443		EXT			
GUARANTOR NAME		MURPHY, JEDIDIAH I		RTN		S	
ADDRESS		6305 FM 429		CITY		KAUFMAN	
STATE		TX		ZIP		75142-0000	
OCCUPATION		CONSTRUC. OPERATOR		SOCIAL SECURITY NUMBER		456 71-2610	
GUARANTOR EMPLOYER		NONE		PHONE			
ADDRESS				CITY			
STATE		ZIP		EC		U	
INSURANCE NAME 1		MAGELLAN - NSTAR		PLAN		G26800-442-4187	
PHONE		41103713		POLICY #			
MAILING ADDRESS		NORTHSTAR CLAIM UNIT PO BOX 1348		CITY		MARYLAND HT	
STATE		MO		ZIP		63103	
SUBSCRIBER NAME		MURPHY, JEDIDIAH		MAIL TO NAME		MAGELLAN BE	
INS SEX		M		SOCIAL SECURITY NUMBER		456-71-2610	
DOB		09/01/1975		GROUP #			
INSURANCE NAME 2				PLAN			
PHONE				POLICY #			
MAILING ADDRESS				CITY			
STATE		ZIP		AUTH #			
SUBSCRIBER NAME				MAIL TO NAME			
INS SEX				SOCIAL SECURITY NUMBER			
DOB				GROUP #			
INSURANCE NAME 3				PLAN			
PHONE				POLICY #			
MAILING ADDRESS				CITY			
STATE		ZIP		AUTH #			
SUBSCRIBER NAME				MAIL TO NAME			
INS SEX				SOCIAL SECURITY NUMBER			
DOB				GROUP #			
ATTENDING PHYSICIAN		ESTABROOK, WILLIAM		ATTENDING #		001115	
REF SRC		ADM BY		PREV ADM DATE		PREVIOUS FACILITY	
ADM DIAGNOSIS		MAJOR DEPRESSION		MED SVC		PSY	
CODE		ALLERGIES		SURGERY DATE			
ADMITTING PHYSICIAN		KALRA GURJEET		ADMITTING #		001024	
AUTHORIZED BY				MODE OF ARRIVAL/ACCOMPANIMENT			
PROCEDURE				CLINICAL COMMENT			
FEL OF RND		ADV DIR		LIVING WILL		LOCATION OF WILL/DIRECTIVE	
FAMILY DOCTOR							

VERIFIED BY:		DATE:	
NAME OF INS CO #1:		NAME OF INS CO #1:	
GROUP-INDIVIDUAL		GROUP-INDIVIDUAL	
TELEPHONE NO:		TELEPHONE NO:	
NAME OF PERSON GIVING INFO:		NAME OF PERSON GIVING INFO:	
PREAUTHORIZATION REQ?		PREAUTHORIZATION REQ?	
AUTHORIZATION #:		AUTHORIZATION #:	
EFF DATE OF INS POLICY:		EFF DATE OF INS POLICY:	
ELIGIBILITY:		ELIGIBILITY:	
WAITING PERIOD:		WAITING PERIOD:	
PRE-EXIST:		PRE-EXIST:	
RN:		RN:	
BASIC BENEFITS:		BASIC BENEFITS:	
SEMI @		SEMI @	
ANCILLARY @		ANCILLARY @	
MAJOR MEDICAL:		MAJOR MEDICAL:	
DEDUCTIBLE:		DEDUCTIBLE:	
BALANCE PAID @		BALANCE PAID @	

INSURANCE COPY

*Glen Oaks Hospital***DISCHARGE SUMMARY**

**NAME:** Jedidiah Isaac Murphy  
**M.R.#:** 00-72-72  
**ATTENDING PHYSICIAN:** WILLIAM ESTABROOK, M.D.  
**ADMISSION DATE:** 09/30/99  
**DISCHARGE DATE:** 10/06/99

**ADMITTING DIAGNOSES:**

**AXIS I:** 296.89 Bipolar II Disorder, depressed episode, severe, with suicidal features.  
 300.14 Dissociative Identity Disorder.  
 310.1 Rule out Personality Change due to head trauma.  
**AXIS II:** No diagnosis.  
**AXIS III:** Significant history of loss of consciousness, secondary to head trauma, a number of times.  
**AXIS IV:** Stressors are separation from his wife, possible recent robbery.  
**AXIS V:** Admitting GAF is about 15; highest past year, 85.

**CHIEF COMPLAINT:** "I got lost."

**PERTINENT HISTORY:** This 24-year-old separated white male is being admitted for the fourth time to Glen Oaks Hospital saying that he blacked out for 2-3 days, he got robbed, and that's when he lost it. Patient was last here from 09/13/99 to 09/17/99, and then was discharged to the Crisis Residential Unit. He remained there for a short period of time, and then left. Patient said he's been off his medications, which were Depakote 250 mg 1 pill after breakfast and after lunch, and 2 pills at bedtime. He was also on Effexor-XR 150 mg after breakfast; Seroquel 100 mg after breakfast, after lunch, and 200 mg at bedtime; and Klonopin 2 mg at bedtime, as well. Said he's been lost and didn't know how to get back. Knew he had to get here. Said he went to Timberlawn for an evaluation and was rediagnosed Dissociative Identity Disorder. Then he talked about he and somebody named Christi getting an apartment, and then eventually they left the apartment. He was driving a car with someone else, and the driver went jail and he was left to walk home. Another version I've heard is that he and this driver were using drugs or drinking, and that when they were caught, the patient ran off. I'm not clear at this point which version is accurate. He said sometime after this, he then got robbed and they took his watch, his rings, his wallet, and that's when he wiggled out, and he's been in hiding. He said from the time he was robbed until the time he got here, he's more or less been blacked out. He's not really sure how he got here or why he's here. Said he's lost everything he's got. He denies using drugs or alcohol, but it's not clear if this is accurate. Said he walked from where he was stopped by the police to here. He said "I keep blacking out, and they're almost complete blackouts, and they're getting longer and longer in time." Said he doesn't really know what to say. He's in a lot of turmoil constantly, and he feels exhausted. Patient, when he was admitted, also said "I'm going to lose it; I'm going to tear the place up; I need to see a doctor." Talked about being robbed and switching, having blackouts, doesn't know where he's been. They found him lying on the floor, curled in a ball, wanting to see the doctor. Said he's not sleeping, or eating well, he's having suicidal thoughts, but would not tell what his plan was. Having thoughts of blowing up and hurting people. He has a history of very significant aggressive behavior.

*Glen Oaks Hospital*



NAME:

M.R.#:

Jedidiah Isaac Murphy

00-72-72

ATTENDING PHYSICIAN:

WILLIAM ESTABROOK, M.D.

ADMISSION DATE:

09/30/99

DISCHARGE DATE:

10/06/99

Page Two

**PERTINENT HISTORY <continued>:** He's showing increased irritability, increased aggression at the time of admission. Told the doctor at the time of admission, "I feel like killing myself, I'm tired of living this way. Talked about feeling helpless and hopeless, and worthless, and just very discouraged. Having both auditory hallucinations and visual hallucinations. Kept talking about wanting to kill himself.

Reader is referred to the psychiatric evaluations dated 08/24/99 and 09/12/99 for more recent information.

## **SIGNIFICANT FINDINGS**

### **MENTAL STATUS EXAMINATION:**

**Attitude and general behavior:** Very depressed white male, talking about suicidality. Very hopeless, discouraged, blacking out. Seems confused. A lot of anxiety.

**Stream of mental activity:** Hard to follow him at times. Gets mixed up in what he was saying. Would lose his train of thought. I could not tell if he was switching during the interview.

**Mental trend content of thought:** He's having both auditory and visual hallucinations. He's not sleeping well. He's talking about killing himself.

**Affect and mood:** Affect is restricted. Mood is irritable. Highly anxious, very discouraged, hopeless.

**Sensorium/orientation:** He did know he was at Glen Oaks Hospital and that it was 1999 and it's September.

**Remote memory/recent memory:** A little sketchy. He's talking about a lot of blackout time, which I think was time when alters were out.

**Retention and immediate recall:** He was unable to do this during the interview.

**Attention and concentration span:** Seems very scattered. Inattentive. Very hard for him to stay on the subject.

**PHYSICAL FINDINGS:** Physical exam was performed at time of admission findings were behavior disturbance and schizophrenia.

**LAB AND X-RAY:** On 02October99 chemistry profile shows SGOT of 92, SGPT of 309, triglycerides of 269, and cholesterol of 214. CBC is normal. TSH is 8.57, elevated. UDS was positive for marijuana and for cocaine metabolites; routine urinalysis is normal.

**PSYCHOLOGICAL FINDINGS:** Psychological testing was not done.

**HOSPITAL COURSE:** 9/30/99 - we have a 24-year-old separated white male, saying "I feel like killing myself, I'm tired of living this way." Has not been taking his meds; states that he is blacking out; very irritable. Has been sleeping on the side of the road. Feels helpless, worthless, very dysphoric. 10/01/99 - we have a 24-year-old separated white male here on 4th admission saying he was robbed and he blacked out. Was suicidal last evening when admitted. Says hears voices and losing significant amount of time. Very unstable at this time not eating and not sleeping. Hearing voices. Will restart on medications. 10/04/99 - drug screen positive for cocaine and marijuana patient has no idea how that happened.

*Glen Oaks Hospital*

NAME:

Case 3:10-cv-00163-N Document 42-14 Filed 05/05/10 Page 471 of 548 PageID 8929

M.R.#:

Jedidiah Isaac Murphy  
00-72-72

ATTENDING PHYSICIAN:

WILLIAM ESTABROOK, M.D.

ADMISSION DATE:

09/30/99

DISCHARGE DATE:

10/06/99

Page Three

**HOSPITAL COURSE <continued>:** SGOT, SGPT and TSH all elevated this time. UDS was normal last time. Very difficult to evaluate his status because he is using drugs which make his brain chemistry go haywire. He says lot of drugs not helping. He says the Haldol helps the most. Seems to be stabilizing a little. 10/05/99 - patient's day is changing; now says he was at friend's house and started freaking out so came here. This is in contrast to him saying he came here through woods after being robbed. Still very evasive about how cocaine and pot got in body. Wants to leave early tomorrow to go to funeral. 10/06/99 - patient wanting to leave; not suicidal. Says has funeral to go to. Has appointment at Terrell MHMR clinic. Discharged on meds as ordered. (prescription copies in chart.)

**CONDITION ON DISCHARGE:** At the time of discharge, patient was not suicidal, not homicidal; he's still hearing voices. Not delusional. Oriented times 4. Memory intact. Affect is a little brighter and mood is a little more cheerful. Stills seems very evasive about some of the things that went on that led to his coming in the hospital this time.

**DISCHARGE INSTRUCTIONS:** He is discharged on Seroquel 100 mg after breakfast and after lunch; Haldol 5 mg at bedtime; Depakote 250 t.i.d. after meals; and Effexor (-XR) 75 mg after breakfast. Diet and activity as tolerated. Strongly recommended that he stop using drugs or alcohol.

**DISCHARGE DIAGNOSES:**

AXIS I:	296.89	Bipolar II Disorder, depressed episode, severe, with suicidal features.
	300.14	Dissociative Identity Disorder.
	310.1	Rule out Personality Change due to head trauma.
AXIS II:	No diagnosis.	
AXIS III:	Significant history of loss of consciousness, secondary to head trauma, a number of times. Drug screen is positive for marijuana and cocaine and TSH is elevated this time.	
AXIS IV:	Stressors are separation from his wife, possible recent robbery and using drugs.	
AXIS V:	Admitting GAF is 15; discharge GAF 30-40; highest past year, 85.	

**RECOMMENDATIONS AND AFTERCARE:**

1. Recommend patient receive outpatient care at the Terrell MHMR clinic.
2. Patient being discharged at his request.

*William Estabrook MD*  
WILLIAM ESTABROOK, M.D.

WE/MTTS

dd: 10/28/99

dr: 10/29/99

dt: 10/31/99

\*Dictated transcribed not read subject to transcription error.

*Glen Oaks Hospital*

**BRIEF READMIT NOTE**

**NAME:** Jedidiah Isaac Murphy  
**M.R. #:** 00-72-72  
**ATTENDING PHYSICIAN:** WILLIAM ESTABROOK, M.D.  
**ADMISSION DATE:** 09/30/99

**CHIEF COMPLAINT:** "I got lost."

**PRESENT ILLNESS:** This 24-year-old separated white male is being admitted for the fourth time to Glen Oaks Hospital saying that he blacked out for 2-3 days, he got robbed, and that's when he lost it. Patient was last here from 09/13/99 to 09/17/99, and then was discharged to the Crisis Residential Unit. He remained there for a short period of time, and then left. Patient said he's been off his medications, which were Depakote 250 mg 1 pill after breakfast and after lunch, and 2 pills at bedtime. He was also on Effexor-XR 150 mg after breakfast; Seroquel 100 mg after breakfast, after lunch, and 200 mg at bedtime; and Klonopin 2 mg at bedtime, as well. Said he's been lost and didn't know who to get back. Knew he had to get here. Said he went to Timberlawn for an evaluation and was rediagnosed Dissociative Identity Disorder. Then he talked about he and somebody named Christi getting an apartment, and then eventually they left the apartment. He was driving a car with someone else, and the driver went jail and he was left to walk home. Another version I've heard is that he and this driver were using drugs or drinking, and that when they were caught, the patient ran off. I'm not clear at this point which version is accurate. He said sometime after this, he then got robbed and they took his watch, his rings, his wallet, and that's when he wiggled out, and he's been in hiding. He said from the time he was robbed until the time he got here, he's more or less been blacked out. He's not really sure how he got here or why he's here. Said he's lost everything he's got. He denies using drugs or alcohol, but it's not clear if this is accurate. Said he walked from where he was stopped by the police to here. He said "I keep blacking out, and they're almost complete blackouts, and they're getting longer and longer in time." Said he doesn't really know what to say. He's in a lot of turmoil constantly, and he feels exhausted. Patient, when he was admitted, also said "I'm going to lose it; I'm going to tear the place up; I need to see a doctor." Talked about being robbed and switching, having blackouts, doesn't know where he's been. They found him lying on the floor, curled in a ball, wanting to see the doctor. Said he's not sleeping, he's not been eating well, he's having suicidal thoughts, but would not tell what his plan was. Having thoughts of blowing up and hurting people. He has a history of very significant aggressive behavior. He's showing increased irritability, increased aggression at the time of admission. Told the doctor at the time of admission, I feel like killing myself; I'm tired of living this way. Talked about feeling helpless and hopeless, and worthless, and just very discouraged. Having both auditory hallucinations and visual hallucinations. Kept talking about wanting to kill himself.

Reader is referred to the psychiatric evaluations dated 08/24/99 and 09/12/99 for more recent information.

**SOCIAL HISTORY:** Essentially unchanged.

**FAMILY HISTORY:** Unchanged.

**MEDICAL HISTORY:** Appears to be unchanged.

**Allergies:** Iodine.

NAME:

M.R. #:

Jedidiah Isaac Murphy

Case 3:10-cv-00163-N Document 42-14 Filed 05/05/10 Page 473 of 548 PageID 8931

00-72-72

ATTENDING PHYSICIAN:

WILLIAM ESTABROOK, M.D.

ADMISSION DATE:

09/30/99

Page Two

**MENTAL STATUS EXAMINATION:**

**Attitude and general behavior:** Very depressed white male, talking about suicidality. Very hopeless, discouraged, blacking out. Seems confused. A lot of anxiety.

**Stream of mental activity:** Hard to follow him at times. Gets mixed up in what he was saying. Would lose his train of thought. I could not tell if he was switching during the interview.

**Mental trend content of thought:** He's having both auditory and visual hallucinations. He's not sleeping well. He's talking about killing himself.

**Affect and mood:** Affect is restricted. Mood is irritable. Highly anxious, very discouraged, hopeless.

**Sensorium/orientation:** He did know he was at Glen Oaks Hospital and that it was 1999 and it's September.

**Remote memory/recent memory:** A little sketchy. He's talking about a lot of blackout time, which I think was time when alters were out.

**Retention and immediate recall:** He was unable to do this during the interview.

**Attention and concentration span:** Seems very scattered. Inattentive. Very hard for him to stay on the subject.

**GENERAL INTELLECTUAL EVALUATION:**

**Reasoning and Judgement:** Highly impaired at this time.

**Abstraction:** Concrete.

**General fund of information:** About average for someone with a high school education.

**ASSETS:** He's willing to get some help.

**ADMITTING DIAGNOSES:**

**AXIS I:** 296.89 Bipolar II Disorder, depressed episode, severe, with suicidal features.

300.14 Dissociative Identity Disorder.

310.1 Rule out Personality Change due to head trauma.

**AXIS II:** No diagnosis.

**AXIS III:** Significant history of loss of consciousness, secondary to head trauma, a number of times.

**AXIS IV:** Stressors are separation from his wife, possible recent robbery.

**AXIS V:** Admitting GAF is about 15; highest past year, 85.

**PLAN OF CARE:**

1. Re-admit to the Adult Unit. Place on precautions.
2. Restart on his medications.
3. Medical/psychiatric evaluation as indicated.

*William Estabrook M.D.*  
\_\_\_\_\_  
WILLIAM ESTABROOK, M.D.

WE/MTTS

dd: 10/01/99

dr: 10/01/99

dt: 10/01/99

\* - Dictated transcribed not read subject to transcription error.

GLEN OAKS HOSPITAL

301 E. DIVISION \* P.O. Box 1 885 \* GREENVILLE, TX 75401 \* (903) 454-6000 \* (800) 443-1109 \* FAX (903) 455-7980

Glen Oaks  
Hospital

# PHYSICAL EXAMINATION

Page 1 of 8

Date of Exam: 9-30-99 Time of Exam: 8:30 AM/PM Age: 24

Vital Signs: BP 120/64 P 100 Temp 97.2 R 18 HT WT

Chief Complaint: Seeing things Hearing voices

Complaint of Other: None

History of Present Illness: 24 years old &amp; H/O depression was seeing things &amp; auditory hallucination came in.

## Past History:

Medical:

Surgical: Plastic surgery on hand, H/O gun shot wound to chest.

Trauma:

Hospitalizations:

Psychiatric History: Was here five weeks ago.

Allergies: Iodine

Medications: Don't know

Immunizations: ☐ Up to date. See nursing assessment Specify Otherwise:Developmental History (Under 18 only) ☒ Normal Otherwise:Substance Abuse: ☐ Tobacco ☒ ETOH ☐ Cannabis ☐ Opiate ☐ Cocaine ☐ Other:

Smoked = Alcohol - quit Drug =

Sexual History:

Family History: See Nursing Assessment

Social History: Marital Status ☐ S ☐ M ☐ Sep ☒ D ☐ W Lives with alone

Occupation welder Education Level High School

Review of Systems: ☐ Nursing assessment reviewed. (N/C = noncontributory) Additional data noted below.

General: N/C

Skin: N/C

Review of Systems: (Continue)

HEENT: N/C  
Breasts: N/C  
Respiratory: N/C  
Cardiovascular: N/C  
Gastrointestinal: N/C  
Genitourinary: N/C  
Gynecological\*: N/C  
Obstetrical: N/C  
Musculoskeletal: N/C  
Neurologic: N/C  
Endocrine: N/C  
Lymphatic: N/C  
Hematologic: N/C

NOTE: Examiner is to cross out any description which does not apply to this patient. \* Female Only

1. GENERAL APPEARANCE:

- ☒ Inspection: Patient is a well-developed, well-nourished individual who does not appear to be in any acute distress.  
☐ Specify Otherwise: \_\_\_\_\_

SKIN:

- ☒ Palpation: warm moist, elastic. Inspection without significant eruptions or discoloration  
☐ Specify Otherwise: \_\_\_\_\_

3. HEAD:

- ☒ Inspection: Scalp is without lesion. Hair is of normal distribution and color, not significantly fine or coarse to touch.  
☐ Specify Otherwise: \_\_\_\_\_

4. FACE:

- ☒ Inspection: No marked asymmetry or sagging is noted.  
☐ Specify Otherwise: \_\_\_\_\_

5. EYES:

- ☒ Inspection: The sclera are white. Conjunctivae are free from infection. The cornea and lens are clear.  
☐ Specify Otherwise: \_\_\_\_\_

6. NOSE:

- ☒ Inspection: No obvious deformity. Mucous membranes are not inflamed. Turbinates are not swollen.  
Airways are patent. There is no septal perforation. There is no significant rhinitis.  
☐ Specify Otherwise: \_\_\_\_\_

7. EARS:

- ☒ Inspection: Canals are clear. Tympanic membranes intact and noninjected.  
☐ Specify Otherwise: \_\_\_\_\_





Glen Oaks  
Hospital

## PHYSICAL EXAMINATION

Page 3 of 8

8. **TEETH:**
  - ☒ Inspection: Teeth are in good repair and the gums appear healthy.
  - ☐ Specify Otherwise: \_\_\_\_\_
9. **PHARYNX:**
  - ☒ Inspection: Mucosa is not inflamed. No evidence of swelling or exudate.
  - ☐ Specify Otherwise: \_\_\_\_\_
10. **THYROID:**
  - ☒ Inspection/Palpation: The thyroid is not enlarged and there are no nodules.
  - ☐ Specify Otherwise: \_\_\_\_\_
11. **NECK:**
  - ☒ Inspection/Palpation: No limitation of lateral, anteroposterior, or rotating motion. Trachea is midline.
  - ☐ Specify Otherwise: \_\_\_\_\_
12. **GLANDS:**
  - ☒ Palpation: No significant lymph gland enlargement in the neck, axillae, epitrochlear area, supraclavicular area, or groin.
  - ☐ Specify Otherwise: \_\_\_\_\_
13. **CHEST:**
  - ☒ Inspection: Normal AP diameter. Normal contour and movement on inspiration/expiration.
  - ☐ Specify Otherwise: \_\_\_\_\_
14. **LUNGS:**
  - ☒ Auscultation: Breath sounds are audible. No rales, rhonchi, or wheezes are noted.
  - ☐ Specify Otherwise: \_\_\_\_\_
15. **BREASTS:**
  - ☒ Inspection/Palpation: Free from masses and tenderness, discharge, dimpling, wrinkling, or discoloration of the skin.
  - ☐ The patient refuses exam and has been notified of possible consequences including undiagnosed illnesses which could result in morbidity and even death. (Including cancer.)
  - ☐ Specify Otherwise: \_\_\_\_\_
16. **HEART:**
  - ☒ Not enlarged to percussion. No thrills. Auscultation: heart sounds are regular in rhythm and of normal rate. No murmurs, clicks, or rubs.
  - ☐ Specify Otherwise: \_\_\_\_\_
17. **ABDOMEN:**
  - ☒ Inspection/Palpation: Normal Contour, no masses or tenderness, no palpable organomegaly (kidney, liver, spleen). Percussion: There is no costovertebral angle tenderness. No guarding. Auscultation: Peristaltic sounds audible in four quadrants. No Bruits.
  - ☐ Specify Otherwise: \_\_\_\_\_

18. GENITALIA:

☐ Female inspection/Palpation: No hernia. No external lesion is noted. Pelvic Female: The vaginal mucosa is moist and normally elastic. Uterus is normal size, shape, position, freely movable. Cervix is without lesion. There is no significant vaginal discharge.

☐ Specify Otherwise: \_\_\_\_\_

☐ Male inspection/Palpation: Both testes palpable. No abnormal masses. No hernia. No urethral discharge. No lesions of penile.

☐ Specify Otherwise: \_\_\_\_\_

18. GENITALIA - Not performed:

☐ Recent exam completed on \_\_\_\_\_ by (physician's name) \_\_\_\_\_

☒ Patient wishes to have own physician perform exam. (Physician's Name) \_\_\_\_\_

☐ Patient unable to cooperate because of psychiatric condition; exam deferred until (date) \_\_\_\_\_

☐ Patient refuses exam and has been informed of possible consequences including undiagnosed illness which could result in morbidity and even death. (Including STDs and cancer)

☐ Specify Otherwise: \_\_\_\_\_

19. TANNER STAGES: (Adolescents Only): ☐ Patient refused

	FEMALE	MALE
<input type="checkbox"/> Stage 1	Preadolescent pubic hair and breasts.	Preadolescent penis and testes, no pubic hair.
<input type="checkbox"/> Stage 2	Sparse, slightly pigmented, straight pubic hair; breast and papilla elevated as a small mound; areola diameter increased.	Scanty pubic hair, slightly enlarged penis, enlarged scrotum, pink texture altered.
<input type="checkbox"/> Stage 3	Pubic hair darker; beginning to curl, increased amount. breast and areola enlarged, no contour separation.	Pubic hair darker and curly. Penis, scrotum larger.
<input type="checkbox"/> Stage 4	Pubic hair coarse, curly, more abundant; areola and papilla form secondary mound.	Adult-type pubic hair; penis is larger, wider; scrotum larger, darker.
<input type="checkbox"/> Stage 5	Pubic hair is adult feminine triangle; mature breast nipple projects, areola part of general breast contour.	Adult pubic hair distribution; full growth of penis and testes.

20. RECTAL: (All patients age 45 or older, or if specific symptoms indicate need for examination.)

☐ Inspection: No evidence of hemorrhoids, fissures, bleeding, or masses. Palpation: No masses. Sphincter tone is normal. Male prostate is smooth, non-tender and free from nodules, is of normal size.

☐ Specify Otherwise: \_\_\_\_\_

Not performed:

☐ Patient is less than age 45 and absent of specific symptoms indicating need for examination.

☐ Recent exam completed on (date) \_\_\_\_\_ by (Physician's name) \_\_\_\_\_

☒ Patient wishes to have own physician perform exam. (Physician's name) \_\_\_\_\_

☐ Patient unable to cooperate because of psychiatric condition; exam deferred until (date) \_\_\_\_\_

☐ Patient refuses exam and has been informed of possible consequences including undiagnosed illnesses which could result in morbidity and even death. (Including STDs and cancer)

☐ Other (Specify): \_\_\_\_\_



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## PHYSICAL EXAMINATION

Page 5 of 8

JEREMY JEDIDIAH  
11/11  
OK ESTABROOK  
OK ESTABROOK

### 21. CIRCULATION:

- ☒ Inspection: No significant varicosities. Palpation: Pulses are palpable and regular in neck, wrist, groin, popliteal, and tibial arteries. Auscultation: no audible bruits.
- ☐ Specify Otherwise: \_\_\_\_\_

### 22. EXTREMITIES:

- ☒ Inspection/Palpation: Full range of motion of joints. No discolorations, tenderness, edema, or evidence of impaired function.
- ☐ Specify Otherwise: \_\_\_\_\_

### 23. BACK:

- ☒ Inspection: There is normal curvature of the spine. Able to bend from waist. Percussion/Palpation: There is no tenderness of the cervical, dorsal, and lumbar spines.
- ☐ Specify Otherwise: \_\_\_\_\_

## NEUROLOGICAL EXAMINATION

A. Level of consciousness: ☒ Alert ☐ Drowsy ☐ Stupor ☐ Coma

### B. Speech and Language:

- ☒ Clear articulation, no slurring, no stuttering or other difficulties or impediments of speech; no bizarre intonation, able to use and interpret language with ease.
- ☐ Specify Otherwise: \_\_\_\_\_

### C. Examination of Cranial Nerves:

#### I. Olfactory (CN1):

- ☒ Smells freshly burned match, fresh coffee, or alcohol swab.
- ☐ Specify Otherwise: \_\_\_\_\_

#### II. Optic (CN2)

##### Visual Fields

- ☒ Full with no deficits on confrontation; able to distinguish number of fingers in central field, distinguishes movement in peripheral fields.
- ☐ Specify Otherwise: \_\_\_\_\_

##### Pupillary Reactivity:

- ☒ Pupil size symmetrical; pupils neither widely dilated nor pinpoint in average room light; prompt constriction in reaction to direct light stimulus.
- ☐ Specify Otherwise: \_\_\_\_\_

##### Fundi:

- ☒ Flat, discs not elevated, no arterio-venous nicking, no hemorrhages, no retinal pigmentation.
- ☐ Specify Otherwise: \_\_\_\_\_

## PHYSICAL EXAMINATION - PAGE 6 OF 8

## NEUROLOGICAL EXAMINATION (continued)

## III. Movement of eyes (oculomotor (CN3), trochlear (CN4) and abducens nerves (CN6)):

☒ Smooth, symmetrical movement through all positions of gaze, no nystagmus present.

☐ Specify Otherwise: \_\_\_\_\_

## IV. Trigeminal (CN5) (ophthalmic branch, maxillary branch, mandibular branch):

☒ With eyes closed, indicates facial and aural tactile perception.

☐ Specify Otherwise: \_\_\_\_\_

## Movement of muscles of mastication:

☒ Symmetrical tension in muscles of clenched jaw; able to move jaw laterally against resistance; symmetrical muscle mass of temporalis and masseters; absence of lip tremors, involuntary chewing movements and trismus; chews symmetrically.

☐ Specify Otherwise: \_\_\_\_\_

## V. Facial (CN7):

☒ Normal facial inspection; frowns and elevates eyebrows symmetrically (upper), right closing of eyes (upper), able to show teeth; smiles symmetrically (lower).

☐ Specify Otherwise: \_\_\_\_\_

## VI. Acoustic (CN8):

## Cochlear branch:

☒ Hears finger rubbing or snapping equally in both ears.

☐ Specify Otherwise: \_\_\_\_\_

## Vestibular branch:

☒ Finger to nose or finger to finger without past-pointing; stands with feet together without postural deviation (absent Romberg).

☐ Specify Otherwise: \_\_\_\_\_

## VII. Glossopharyngeal (CN9) and Vagus Nerves (CN10):

☒ Normal midline elevation of uvula and palate; gag reflex present. Can make glottal sounds.

☐ Specify Otherwise: \_\_\_\_\_

## VIII. Accessory Nerve (CN11):

☒ Normal strength and symmetry on turning head and elevation of shoulders.

☐ Specify Otherwise: \_\_\_\_\_

## IX. Hypoglossal Nerve (CN12):

☒ Tongue protrudes in midline with absence of fasciculation, tremors, or atrophy.

☐ Specify Otherwise: \_\_\_\_\_

## D. Cerebellar Function:

## Balance

☒ No abnormalities of gait (tandem and heel-toe).

☐ Specify Otherwise: \_\_\_\_\_

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Hospital

# PHYSICAL EXAMINATION

Page 7 of 8

 2 1742 AP  
 KPHY JEDIDIAH  
 ESTABLISHED

## NEUROLOGICAL EXAMINATION (continued)

### Coordination

- ☒ Able to touch heel to shin and vice versa rapidly and accurately; able to perform rapid alternating movements (supination and pronation of forearms) quickly and symmetrically.
- ☐ Specify Otherwise: \_\_\_\_\_

### E. Motor functions:

#### Muscle tone and mass:

- ☒ Symmetrical on inspection, good tone without spasticity or rigidity; no contractures or hypotonus, no atrophy.
- ☐ Specify Otherwise: \_\_\_\_\_

#### Muscle Strength:

- ☒ Adequate and symmetrical muscle strength (5/5) on resistance to opposing force for upper and lower body muscle groups on flexion and extension, abduction and adduction.
- ☐ Specify Otherwise: \_\_\_\_\_

#### Involuntary Movements:

- ☒ Absence of tremors, twitches, tics, fasciculation, athetoid, or choreiform movements, myoclonus or myotonia.
- ☐ Specify Otherwise: \_\_\_\_\_

#### Sensory System:

- ☒ Normal and symmetrical responses to touch and pin prick.
- ☐ Specify Otherwise: \_\_\_\_\_

### F. Deep Reflexes:

0 = Absent, 1 = Diminished, 2 = Normal, 3 = Increased, 4 = Hyperactive, 5 = Hyperactive with clonus

	LEFT	RIGHT
Biceps	1	1
Radial	1	1
Quadriceps	1	1
Achilles	1	1

IMPRESSION:

Acute Y / N

1. Behaviour Disturbance
2. Schizophrenia
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

RECOMMENDATIONS DURING THIS ADMISSION:

1. Close Monitoring
- 2.
- 3.
- 4.

RECOMMENDATIONS AFTER DISCHARGE:

1. F/u w/ PCP & Psychiatrist
- 2.
- 3.
- 4.

PATIENT PHYSICALLY ABLE TO PARTICIPATE IN ALL ASPECTS OF PROGRAMMING?

☒ YES ☐ NO

IF NOT, LIST LIMITATIONS:

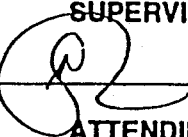
DATE

EXAMINER

DATE

SUPERVISING PHYSICIAN

9-30-99

 Mr. Goldstein MD 10/1/99

DATE

ATTENDING PHYSICIAN

1/27/97



Case 3:10-cv-00163 Document 42-1 Filed 05/05/10 Page 482 of 948 PageID 8940

Specimen # 4320644		Control/Req Number 058858		PAGE # 4		978-588-7500	
Fasting	Micro Source	Total Urine Volume	Report Status <b>FINAL</b>				Clinical Information 7777 Forest Ln. C-350 Dallas, TX 75230
Date Collected 02-OCT-99	Time Collected	Date Entered 02-OCT-99	Date Reported 04-OCT-99				CL-0141
Patient ID Number 484442		Patient Phone Number		Patient SSN		Account C.A.P. 20689-01 CLIA # 45D048038	
Patient Name MURPHY, JIM			Sex M	Date of Birth 01-SEP-1975			
Patient Address GLEN OAKS HOSPITAL 301 E DIVISION STREET GREENVILLE, TX 75401							
Comments AGE: 24 SPC RCVD: COR, L, UR 210							
Tests Requested CMP12+8AC+CBCD, URINALYSIS, ROUTINE, DST+THC100, TSH, High Sensitivity, Serum, .							

DR. ESTABROOK

ROUTE: 20182-57985.006

9-10-4-99

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
HEMATOLOGY: (Continued).					
ABS MONOCYTES			1.05 HIGH THOUS/MM3	0.20-1.00	
ABS EOSINOPHILS	0.49		THOUS/MM3	0.00-0.80	
PLATELET COUNT	223		THOUS/MM3	140-415	
THYROID TEST(S) *****					
TSH	8.57	HIGH	MCIU/ML	0.35-5.5	
THE MINIMUM DETECTABLE CONCENTRATION IS 0.03 WHICH IS HIGHLY SENSITIVE.					
DST+THC100 *****					
AMPHETAMINES	NEGATIVE			CUTOFF:1000 NG/ML	
BARBITURATES	NEGATIVE			CUTOFF:300 NG/ML	
BENZODIAZEPINES	NEGATIVE			CUTOFF:300 NG/ML	
THC 100	POSITIVE			CUTOFF:100 NG/ML	
COCAINE METAB	POSITIVE			CUTOFF:300 NG/ML	
METHADONE	NEGATIVE			CUTOFF:300 NG/ML	
OPIATES	NEGATIVE			CUTOFF:300 NG/ML	
PHENCYCLIDINE	NEGATIVE			CUTOFF:25 NG/ML	
PROPOXYPHENE	NEGATIVE			CUTOFF:300 NG/ML	
Drug screen specimen storage will be as follows:					
EMIT only and EMIT + GC/MS specimens WITH chain of custody-					
Positives retained 1 year					
Negatives retained 2 days					
EMIT only and EMIT + GC/MS specimens WITHOUT chain of custody-					
Positives retained 2 months					
Negatives retained 2 days					
URINALYSIS, ROUTINE *****					
APPEARANCE	CLEAR				
COLOR	YELLOW				
SP GRAVITY	1.020			1.005-1.030	
PH	6.5			5.0-7.5	
PROTEIN	NEGATIVE			NEGATIVE	
GLUCOSE	NEGATIVE			NEGATIVE	
KETONES	NEGATIVE			NEGATIVE	
BILIRUBIN	NEGATIVE			NEGATIVE	
OCCULT BLOOD	NEGATIVE			NEGATIVE	
UROBILINOGEN	0.2		MG/DL	0.0-1.0	
WBC-ESTERASE	NEGATIVE			NEGATIVE	
NITRITE	NEGATIVE			NEGATIVE	

GLEN OAKS SERVICE CODE:  
311779 CMP12+8AC+CBCD  
003038 URINALYSIS, ROUTINE

4320643-8

N1185885-3

PAGE # 3

972-566-7500

Fasting

Micro Source

Total Urine Volume

Report Status

Clinical Information 7777 Forest Ln. C-350

Dallas, TX 75230

Date Collected

Time Collected

Date Entered

Date Reported

CL-0141

02-OCT-99

02-OCT-99

04-OCT-99

C.A.P. 20689-01

CLIA # 450048032

Patient ID Number

Patient Phone Number

Patient SSN

[20182-81]

484442

Patient Name

Sex

Date of Birth

GLEN OAKS HOSPITAL

MURPHY, JIM

M 01-SEP-1975

301 E DIVISION STREET

GREENVILLE, TX 75401

Patient Address

DR. ESTABROOK

Comments

AGE: 24 SPD RCVD: COP, L, UR

210

ROUTE: 20182-57985.006

Tests Requested

CMP12+BAC+CBCD, URINALYSIS, ROUTINE, DST+THC100,

TSH, High Sensitivity, Serum,

TESTS

RESULT

FLAG

UNITS

REFERENCE INTERVAL

LAB

731612 DST+THC100

004259 TSH, High Sensitivity, Serum

999085 VENIPUNCTURE

\*\*\* END OF REPORT \*\*\*

Specimen # 43206438		Control/Req Number 016950		PAGE # 1	
Fasting	Micro Source	Total Urine Volume	Report Status FINAL		
Date Collected 02-OCT-99	Time Collected	Date Entered 02-OCT-99	Date Reported 04-OCT-99		
Patient ID Number 2484442		Patient Phone Number		Patient SSN	
Patient Name MURPHY, JIM			Sex M	Date of Birth 01-SEP-1975	
Patient Address					
Comments AGE: 24 SPC RCVD: COR, L, UR 210					

**LabCorp®**  
 Clinical Information 777 Forest Ln. C-350  
 Dallas, TX 75230  
 CL-0141  
 C.A.P. 20689-01 CLIA # 45D048038  
 Account [20182-8]  
 GLEN OAKS HOSPITAL  
 301 E DIVISION STREET  
 GREENVILLE, TX 75401  
 DR. ESTABROOK  
 ROUTE: 20182-57985.006

Tests Requested CMP12+8AC+CBCD, URINALYSIS, ROUTINE, DST+THC100,  
 TSH, High Sensitivity, Serum, .

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CHEMISTRY *****					
GLUCOSE	107		MG/DL	65-115	
BUN	13		MG/DL	5-26	
CREATININE	1.0		MG/DL	0.6-1.5	
BUN/CREAT RATIO	13.0		MG/DL		
URIC ACID	7.1		MG/DL	3.5-9.0	
SODIUM	142		MEQ/L	135-148	
POTASSIUM	3.9		MEQ/L	3.5-5.3	
CHLORIDE	104		MEQ/L	96-109	
CALCIUM	9.8		MG/DL	8.5-10.6	
PHOSPHORUS	4.5		MG/DL	2.5-4.5	
TOTAL PROTEIN	7.1		G/DL	6.0-8.5	
ALBUMIN	4.4		G/DL	3.5-5.5	
GLOBULIN	2.7		G/DL	0.5-4.5	
A/G RATIO	1.6			1.2-2.2	
TOTAL BILIRUBIN	0.4		MG/DL	0.1-1.2	
ALK. PHOS.	74		IU/L	40-150	
SGOT (AST)		92 HIGH	IU/L	0-45	
SGPT (ALT)		309 HIGH	IU/L	0-50	
LDH	147		U/L	0-240	
GGT	72		IU/L	0-85	
IRON	111		MCG/DL	40-180	
TRIGLYCERIDE		269 HIGH	MG/DL	0-199	
CHOLESTEROL		214 HIGH	MG/DL	0-199	
CHEMISTRY COMMENT SPECIMEN IS MODERATELY LIPEMIC					
HEMATOLOGY *****					
WBC	8.1		THOUS/MM3	4.0-10.5	
RBC	4.54		MILL/MM3	4.10-5.60	
HGB	14.9		G/DL	12.5-17.0	
HCT	42.2		%	36.0-50.0	
MCV	93		FL	80.0-98.0	
MCH	32.9		PG	27.0-34.0	
MCHC	35.5		%	32.0-36.0	
NEUTROPHILS	47		%	40-74	
LYMPHOCYTES	34		%	14-46	
MONOCYTES	13		%	4-13	
EOSINOPHILS	6		%	0-7	
BASOPHILS	0		%	0-3	
ABS NEUTROPHILES	3.81		THOUS/MM3	1.90-8.00	
ABS LYMPHOCYTES	2.75		THOUS/MM3	0.90-5.20	

Specimen # 4320643-8		Control/Req Number N138T305-8		PAGE # PAGE 1	
Fasting	Micro Source	Total Urine Volume		Report Status FINAL	
Date Collected 02-OCT-99	Time Collected	Date Entered 02-OCT-99	Date Reported 04-OCT-99		
Patient ID Number +84442		Patient Phone Number		Patient SSN	
Patient Name MURPHY, JIM			Sex M	Date of Birth 01-SEP-1973	
Patient Address					
Comments AGE: 24 SPC RCVD: COR, L, UR 210					
Tests Requested CMP12+8AC+CBCD, URINALYSIS, ROUTINE, DST+THC100, TSH, High Sensitivity, Serum,					
Clinical Information 777 Forest Ln. C-350 Dallas, TX 75230 CL-0141 C.A.P. 20699-01 CLIA # 45D04A003E Account [20182-8] GLEN OAKS HOSPITAL 301 E DIVISION STREET GREENVILLE, TX 75401 DR. ESTABROOK ROUTE: 20182-57985.006					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CHEMISTRY *****					
GLUCOSE	107		MG/DL	65-115	
BUN	13		MG/DL	5-26	
CREATININE	1.0		MG/DL	0.6-1.5	
BUN/CREAT RATIO	13.0		MG/DL		
URIC ACID	7.1		MG/DL	3.5-9.0	
SODIUM	142		MEQ/L	135-148	
POTASSIUM	3.9		MEQ/L	3.5-5.3	
CHLORIDE	104		MEQ/L	96-109	
CALCIUM	9.2		MG/DL	8.5-10.6	
PHOSPHORUS	4.5		MG/DL	2.5-4.5	
TOTAL PROTEIN	7.1		G/DL	6.0-8.3	
ALBUMIN	4.4		G/DL	3.5-5.5	
GLOBULIN	2.7		G/DL	0.3-4.5	
A/G RATIO	1.6			1.2-2.2	
TOTAL BILIRUBIN	0.4		MG/DL	0.1-1.2	
ALK. PHOS.	74		IU/L	40-150	
SGOT (AST)		92 HIGH	IU/L	0-45	
SGPT (ALT)		309 HIGH	IU/L	0-50	
LDH	147		U/L	0-240	
GGT	72		IU/L	0-25	
IRON	111		MCB/CL	50-150	
TRIGLYCERIDE		269 HIGH	MG/DL	0-199	
CHOLESTEROL		214 HIGH	MG/DL	0-199	
CHEMISTRY COMMENT SPECIMEN IS MODERATELY LIPEMIC					
HEMATOLOGY *****					
WBC	3.1		THOUS/MM3	4.0-10.5	
RBC	4.54		MILL/MM3	4.10-5.60	
HGB	14.9		G/DL	12.5-17.0	
HCT	42.2		%	36.0-50.0	
MCV	93		FL	80.0-98.0	
MCH	32.9		PG	27.0-34.0	
MCHC	35.6		%	32.5-36.0	
NEUTROPHILS	47		%	40-74	
LYMPHOCYTES	34		%	14-46	
MONOCYTES	13		%	4-13	
EOSINOPHILS	6		%	0-7	
BASOPHILS	0		%	0-3	
ABS NEUTROPHILES	3.31		THOUS/MM3	1.50-3.00	
ABS LYMPHOCYTES	2.75		THOUS/MM3	0.92-3.20	

## Patient's Bill of Rights

When you apply for or receive mental health services in the State of Texas, you have many rights. Your most important rights are listed on these four pages. These rights apply to all persons unless otherwise restricted by law or court order. A judge or lawyer will refer to the actual laws. If you want a copy of the laws these rights come from, you can call the Health Facility Licensure and Certification Division of the Texas Department of Health at 1-800-228-1570.

It is the responsibility of this hospital under law to make sure you have been informed of your rights. But just giving you this information does not mean your rights have been protected. This hospital is required to respect and provide for your rights in order to maintain licensure and do business in this state.

### Your Right to Know Your Rights

*You have the right*, under the rules by which this hospital is licensed, to be given a copy of these rights before you are admitted to the hospital as a patient. If you so desire a copy should also be given to the person of your choice. If a guardian has been appointed for you or you are under 18 years of age, a copy will also be given to your guardian, parent, or conservator.

*You also have the right* to have these rights explained to you aloud in simple terms in a way you can understand within 24 hours of being admitted to the hospital to receive services (e.g., in your language if you are not English-speaking, in sign language if you are hearing impaired, in Braille if you are visually impaired, or other appropriate methods).

If you believe any of your rights have been violated or you have other concerns about your care in this hospital, you may contact one or more of the following:

Health Facility Licensure and Certification Division  
Texas Department of Health  
1100 W. 49th St., Austin, TX 78756

1-800-228-1570

Advocacy, Incorporated  
7800 Shoal Creek Blvd, Suite 171 E, Austin, TX 78757

1-800-315-3876

If you have been involuntarily committed and you believe that your attorney did not prepare your case properly or that your attorney failed to represent your point of view to the judge, you may wish to report the attorney's behavior to the Ethics Committee of the State Bar of Texas by writing:

Disciplinary Council  
State Bar of Texas  
1414 Colorado  
P.O. Box 12487  
Austin, Texas 78711-2487

*If you are a voluntary patient OR if you have been taken to the hospital against your will, turn to pages three and four for a listing of your special rights under law in Texas. All patients should read pages two and three, which explain the rights that apply to everyone receiving services at this hospital.*

### STATEMENT THAT YOU HAVE RECEIVED THIS PAMPHLET/IT HAS BEEN EXPLAINED

I certify that:

☒ ☒ ☒

I have received a copy of this four-page document prior to admission

Staff have explained its content to me in a language I understand within 24 hours of admission (if involuntarily committed).

Staff have explained its content to me in a language I understand prior to admission (if voluntarily committed).

Name

Date

Relationship of witness to patient:

Witness

Date

[Signature]  
9-30-99

[Signature]  
9-30-99





**GLEN OAKS HOSPITAL**  
**CONDITIONS OF ADMISSION**

Case 3:10-cv-00163-N Document 42-14 Filed 05/05/10 Page 487 of 548 PageID 8945

**DOCTOR'S STATEMENT:** Upon the basis of the preliminary examination I have determined that the patient applying for admission has symptoms of mental illness and/or chemical dependence and shall benefit from the hospitalization requested. I recommended that the patient referred to below be admitted as a voluntary patient. I have examined, or this patient was examined by a physician within seventy-two (72) hours of admission.

**ADMITTING DIAGNOSIS** (1) MDD, Rec. Severe & Psych. features (2) DID.

**PHYSICIAN PROVIDING DIAGNOSIS** McLamell, P. M.

**CONSENT FOR MEDICAL TREATMENT:** I do voluntarily consent to such hospital care encompassing diagnostic and therapeutic procedures and medical treatment, as may be ordered by my physician, his assistants or designees, as is necessary in his judgment. I further consent to such laboratory testing of my blood and body fluids as may be necessary in the event an employee or agent of the hospital is involved in an exposure while providing care for me. I realize that physicians furnishing services to the patient, including but not limited to emergency room physicians, attending physicians, radiologist, anesthesiologists, anesthesiologists, and pathologists are independent contractors and are not employees or agents of the hospital and billing for such services may not be involved in this hospital bill.

**REQUEST FOR DISCHARGE:** If I wish to leave the hospital I will need to give verbal or written notice to a designated hospital staff person responsible for my care. I understand that I must be released within four (4) hours by a Psychiatrist unless a Psychiatrist orders detention for a face to face evaluation to be completed by a Psychiatrist within twenty four (24) hours of request to leave the hospital. I then have a right to leave unless; (a) I change my mind and do so in writing; (b) A Psychiatrist decides to make an application for court-ordered services or emergency detention; or (c) I am 17 years of age or younger and I must be discharged to a parent or guardian.

**PATIENT SEARCH:** I understand that the hospital may deem it necessary to inspect my person, possessions, and my assigned room for items which it considers dangerous to my safety and welfare or the safety or welfare of other patients or hospital employees. I hereby consent to such inspection which may be made by a hospital employee and release the hospital from any liability or other responsibility for the consequences of such inspections.

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize my physician, anesthesiologist, anesthesiologist, consultant, surgeon, radiologist, pathologist, and GLEN OAKS HOSPITAL to release written, verbal, or copied information concerning my care or treatment during this hospitalization including, but not limited to, diagnosis, prognosis, medication, drugs, treatment, laboratory test results, medical history, treatment progress or related information including that dealing with communicable disease, to my insurance agent(s) or carrier(s), and/or Texas Medical Foundation - Peer Review Organization of Texas as required for the processing and payment of insurance claims and/or Medicare/Medicaid/Champus claims for this hospitalization. I am aware that GLEN OAKS HOSPITAL will contact the insured(s) employers to verify employment and benefits.

**AUTHORIZATION TO PAY INSURANCE BENEFITS:** I do hereby authorize payment to my physician, anesthesiologist, anesthesiologist, consultant, surgeon, radiologist, pathologist, and GLEN OAKS HOSPITAL for all physician and hospital benefits otherwise payable to me for this period of hospitalization, but not to exceed the physician's or hospital's total charges. I understand I am financially responsible to my providers for charges not covered by my insurance. I understand that insurance claims are filed as a courtesy service and any disputes with my insurance agents or carriers regarding terms of coverage and payment will be handled by me. In the event I do not choose to assign the payment of my insurance benefits to my providers, I understand that my account will be handled as a private pay account, and that I will be personally responsible for provider charges which are due and payable at the time such services are rendered unless financial arrangements have been made with my providers.

**CONSENT FOR EMERGENCY TREATMENT:** In the case of a medical emergency, I give my consent to be transported to Presbyterian Hospital of Greenville for evaluation and treatment by the attending physician on duty. (This includes parental or guardian consent for minor patients).

**PATIENT RESPONSIBILITY FOR VALUABLES:** I understand that the hospital has the ability to secure my small personal items such as jewelry, billfold, etc. If I wish to have such items secured, I take responsibility to provide these items to Glen Oaks Hospital so they can be secured until my discharge. I further understand that it is my responsibility to retrieve these items upon my discharge and that those items not retrieved will be kept no longer than 30 days before they will be discarded.

**CONSENT TO PHOTOGRAPH:** I Understand that the hospital uses pictures as a means of identification rather than an arm band. I give my consent for my picture to be taken for this purpose.

**PATIENTS RIGHTS:** As a guardian, I have received "Patient's Rights Under the Consent to Treatment with Psychoactive Medication Rule."

The undersigned certifies that he/she has read and understands each section of the foregoing, receiving a copy thereof, and is the patient, or is duly authorized by the patient as a patient's general agent to execute the above conditions and accept the terms, and this instrument has been signed in Greenville (Hunt County), Texas.

<u>[Signature]</u>	<u>9.30.99</u>		
Patient	Date	Guardian	Date
<u>[Signature]</u>	<u>9.30.99</u>		
Witness	Date	Relationship to Patient	Date
<u>[Signature]</u>	<u>9.30.99</u>		
Witness	Date	Guarantor	Date



# GLEN OAKS HOSPITAL

## PATIENT/FAMILY GRIEVANCE PROCEDURE

It is the goal of Glen Oaks Hospital to maintain the highest quality of patient care and fair treatment for all. If you should have a concern about your care at the hospital, the following steps should be followed.

1. When you first realize you have a concern or problem you can:
  - A. Utilize the Community Meetings on the unit to discuss it, or
  - B. Discuss it with your physician, if it is a concern about his services or treatment, or
  - C. Discuss the concern with the Nurse Manager on your unit.
2. If you are not satisfied with the resolution, please call Glen Oaks Hospital at 800-443-1109 and ask to speak to the Patient Advocate. This person will set up a special time to discuss your issue with you.
3. If a resolution is not mutually satisfying, your concern will be forwarded to the CEO/Managing Director of Glen Oaks Hospital for resolution.

The right of a person to prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies, such as filing of a Section 604 complaint with the Office for Civil Rights of the US Department of Health and Human Services. (Utilization of this grievance procedure is not a prerequisite to the pursuit of other remedies.)

5. These rules shall be liberally constructed to protect the substantial rights of interested persons, to meet appropriate due process standards and to assure Glen Oaks Hospital compliance with Section 504, Title VI of the Civil Rights Act, the Age Discrimination of 1975 and any other appropriately related standards or guidelines.
6. All unresolved grievances shall be reviewed by the hospital's Board of Governors for disposition and resolution within 30 days after filing.
7. When the person and/or patient involved is connected with the hospital's Addictive Disease Unit and the Managing Director of the Board of Governors for this facility cannot resolve the grievance, then same will be referred to the Texas Commission on Alcohol and Drug Abuse's Board of Inquiry. (TCADA; 710 Brazos; Austin, TX 78701)
8. Under no circumstances will the presenting of a grievance in itself, serve to compromise the patient's future access to care at this facility.
9. If you are not satisfied with the CEO Managing Director's decision, a complaint may be made directly to the Texas Department of MHMR at 1(800)252-8154 or 1(800)223-4206, or if appropriate, the Texas Commission on Alcohol and Drug Abuse at 1(800)832-9623.
10. Complaints regarding licensed physicians may be made to the Medical Examiner's office at 1812 Centre Creek, Suite 300, Austin, Texas 78754 or 1(512)834-7728.

I HAVE REVIEWED AND UNDERSTAND THIS GRIEVANCE PROCEDURE AND HAVE RECEIVED A COPY OF SAME

PATIENT

DATE: 9.30.96

WITNESS

DATE: 9.30.96

Original (White) - Chart

Carbon (Yellow) - Patient

# ADVANCE DIRECTIVE ACKNOWLEDGMENT

NAME: Jedidiah Murphy SOC. SEC. NO: 430 71 2610  
IDENTIFICATION NO: 2484442 DATE OF BIRTH: 9-1-75

## PLEASE READ THE FOLLOWING FOUR STATEMENTS.

Place your initials after each statement.

1. I have been given written materials about my right to accept or refuse medical treatments. \_\_\_\_\_ (Initialed)
2. I have been informed of my rights to formulate Advance Directives. \_\_\_\_\_ (Initialed)
3. I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. \_\_\_\_\_ (Initialed)
4. I understand that the terms of any Advance Directive that I have executed will be followed by the health care facility and my caregivers to the extent permitted by law. \_\_\_\_\_ (Initialed)

## PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

☐ I HAVE executed an Advance Directive.

☒ I HAVE NOT executed an Advance Directive.

Signed: \_\_\_\_\_

Date: 9.30.99

Witness: Dia Nolan

Date: 9.30.99

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**GLEN OAKS HOSPITAL**

I recognize that the involvement of significant others is an important part of my therapy process and I understand that the disclosure of my presence in GLEN OAKS HOSPITAL may imply the nature of my diagnosis. With this in mind;

Please (✓) check all that apply

( ) Code #1. I give my consent to acknowledge my presence to any visitors and callers.

(✓) Code #2. I give my consent to acknowledge my presence only to the persons listed below.

( ) Code #3. I do not give my consent to acknowledge my presence to visitors and callers.

( ) Code #4. I give my consent for the following family members and/or significant others to be involved in my treatment.

	NAME	(RELATIONSHIP)	ADDRESS	PHONE #
1.	Lean Ray	Friend		
2.	Hope Abbott	Mom		972 286 1570
3.	Randy Crow	Sponser		972 932 6618
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I understand that this consent may be revised by me at any time and will automatically be invalid upon my discharge.

Patient

Date

( ) Parent ( ) Guardian

Date

Witness

Date

ADDRESSOGRAPH IMPRINT

Consent for Acknowledgement of Presence  
and  
Therapeutic Involvement of Others

Jedidiah Murphy  
2484442

Glen Oaks  
Hospital

# COMPREHENSIVE ASSESSMENT TOOL

## NEEDS ASSESSMENT PART I

PATIENT NAME: <u>J. Murphy</u>		MARITAL STATUS: <u>M</u>	SEX: <u>M</u>	AGE: <u>980-99</u>	DATE: <u>4<sup>00</sup></u>
DOB: <u>SS</u>	ADDRESS:		CITY:	ZIP:	
HOME PHONE NO.	WORK PHONE NO.	RELIGION	EMPLOYER		
OCCUPATION	ACCOMPANIED BY: <u>Alone walk in</u>		REFERRAL SOURCE		

PRESENTING PROBLEM - (Precipitating Event Within Last 72 Hours) Please Provide Quotes:

Came into Hospital stating "I am going to lose it" "I am going to tear the place up." "I need to see a doctor" "Stated I have not had my meds. in 2 days." "I was robbed yesterday I am switching personalities". I am having blackouts, I don't know where I was yesterday"

History of the Problem (Events and Circumstances Preceding the Precipitating Event). Please Indicate Source of Information as Above.

found lying curled into Ball wanting to see the Dr.  
on floor.

History of Present Illness	Admits		Denies		D.N.A.	(As Evidenced By Most Recent Occurrence, Frequency, Intensity, Duration)
	Pt.	S.O.	Pt.	S.O.		
<b>1. SLEEP</b>						Not Sleeping
Not Sleeping	<input checked="" type="checkbox"/>					
Difficulty Going to Sleep (Initial Insomnia)	<input checked="" type="checkbox"/>					
Frequent Awakening During the Night (Middle Insomnia)						
Early Morning Awakening (Terminal Insomnia)						
Sleeps All Day						
Usual Number of Hours of Sleep						
Other - Describe						
<b>2. EATING</b>						no food. no wt change.
Problems with Eating (Assess for Anorexia, Bulimia, Binging & Inadequate Intake)						
<input type="checkbox"/> Loss of Weight <input type="checkbox"/> Gain of Weight						
<b>3. LIBIDO</b>						
Decrease or Loss in Interest in Enjoyable or Pleasurable Activity (including sex)					<input checked="" type="checkbox"/>	

2/22/97

Pt. = Patient

S.O. = Significant Other

D.N.A. = Refused to Answer or Did Not Ask

Part I - Page 1

History of Present Illness	Admits		Denies		D.N.A.	(As Evidenced By Most Recent Behavior)
	Pt.	S.O.	Pt.	S.O.		
<b>4 Usual Daily Activities</b>						
Problems Functioning at Work/School	✓					
Deterioration in Hygiene and/or Grooming	✓					
Loss of Energy or Interest in Activities	✓					
Social Withdrawal	✓					
Other - Describe						
<b>5. Suicidal Thoughts</b> (Describe Plan)	✓					Admits would not state plan
Suicidal Attempts (Describe Most Recent Attempt) (Assess Weapon Ownership)						
<b>6. Thoughts of Self Mutilations:</b>				✓		
Actual Self Mutilations: (Describe Most Recent Act):				✓		
<b>7. Homicidal Thoughts: (If Yes Describe)</b>	✓					States he is going to blow up + will hurt people.
Homicidal Attempts: (Most Recent Attempt)	✓					
<b>8. Aggressive Thoughts Toward Others:</b> (Describe Plan within last 72 hours)	✓					In past on unit
Aggressive Behavior Toward Others: Describe Any History of Physical Aggression	✓					
<b>9. Behavior Changes</b> i.e. Irritability, Poor Impulse Control (In Children & Adolescents: Frequent Rule Breaking at Home or at School)	✓					↑ irritability ↑ in aggression
<b>10. Hallucinations/Delusions</b> (Visual, Tactile, Olfactory, Auditory)	✓					
<b>11. Situational Stressors</b>	Pt.	S.O.	Pt.	S.O.	D.N.A.	
Legal Problems				✓		
Marital Family/ Relationship Conflicts	✓					
Changes in Living Situation	✓					
Financial Problems	✓					
Other - Describe:						
Grief, Recent Death, Losses, Abuse				✓		
<b>12. Prior Treatment: Psychiatric/C.D.</b>						When CRH Hunt Co.
Previous Outpatient Treatment				✓		Therapist
						<input type="checkbox"/> Positive Outcome <input type="checkbox"/> Negative Outcome
Previous Inpatient Treatment (Reason)				✓		Where GOFH
						When Sept No. Admissions this 6 4
						Psychiatrist Estabrook
						<input type="checkbox"/> Positive Outcome <input type="checkbox"/> Negative Outcome
<b>13. History of Sexual, Physical, Emotional Abuse</b> (Explain, When, by Whom, Reported to Proper Authorities <input type="checkbox"/> Yes <input type="checkbox"/> No)				✓		
<b>14. Family History of Mental Illness or Substance Abuse?</b>				✓		

2/22/97

Pt. = Patient

S.O. = Significant Other

D.N.A. = Refused to Answer or Did Not Ask

15. Who Do You Live With?

No one.16. Support System - ☐ Relatives/Family, ☐ Church/Clergy, ☐ School, ☐ Job, ☐ NA/AA, ☐ Community Organizations,  
☐ MHMR/Case Management, ☒ Other - Explain None

17. Guardianship, Legal Custody

Youth - Under 16 - Describe the patients relationship to parents - ☐ Biological, ☐ Custodial, ☐ Adoptive, ☐ Other

Father Name -

Mother Name -

Natural Father Name -

Natural Mother Name -

Legal Guardian's Name

Proof of Custody is Available from Where?

Geriatric - Does Someone Have Power of Attorney? ☐ No ☐ Yes - NameDoes Someone Have Legal Guardianship? ☐ No ☐ Yes - Name

18. Discharge Transportation Problems

19. Medical Problems, Recent Illnesses or Injuries

none

20. Allergies (Food Specific)

(Medication Specific)

Iodine

21. Religious/Cultural Practices: Do You Have Any Religious or Cultural Practices That May Alter Your Care &amp; Education?

☐ No ☐ Yes - Describe22. Language/Cognition: Language Spoken: ☒ English ☐ Spanish ☐ Other, SpecifyReading Preference: ☒ English ☐ Spanish ☐ Other, SpecifyIs Patient Sensory Impaired (Hearing, Visual, Speech) ☒ No ☐ Yes - DescribeCan Patient Follow and Understand Directions? ☒ Yes ☐ No - DescribeIs Patient/Family Motivated to Learn? ☒ Yes ☐ No - Describe23. Educational Needs: Do You or Your Family Need Information on The Following? ☒ Current Illness ☒ Medications☐ Diet ☐ Activity ☐ Community Resources ☐ None ☐ Other

24. Support/Emotional Needs: Do You Have Any Emotional/Family/Home Concerns That Need to be Addressed During Your Hospitalization?

25. Physical Limitations: Do You Have Any Physical Limitations That May Alter Care or Limit Your Learning Ability? ☒ No☐ Yes - Describe

26. Alcohol/Drug History

	1.	2.	3.	4.
What drug(s) is the patient using?				
First Use. What Occasion Quantity Used?	<u>Denies use at present.</u>			
When Did Regular Use Begin? Events, Amounts and Method				
When Did Patient Know There Was a Problem? What Happened?				
Pattern of Use Now? Amount, Method & How Long?				
Last Used? Date, Method and Amount				



**Alcohol/Drug History (continued)**

27. Have You Ever Experienced Any Symptoms of Withdrawal? ☐ No - ☐ Yes ☐ DT's ☐ Sweats ☐ Seizures  
☐ Depression ☐ Hallucinations ☐ Nausea/Vomiting ☐ Anxiety ☐ Chills ☐ Shakes ☐ Other \_\_\_\_\_

28. History of Overdose? ☐ No - ☐ Yes ☐ By Accident ☐ On Purpose ☐ While Using ☐ Other \_\_\_\_\_

When?

How?

Effect?

Treatment:

29. Description of Prior Treatment and Outcome:

30. Critical Time of Day Related to Substance Use:

31. Summary of Abstinence/Relapse Patterns - Longest Period of Abstinence in Past Year? 2 days

Attempts Made to Stop or Control Usage?

**32. Medications** (Prescription & Over the Counter: Including Laxatives, Pain Relievers, Birth Control, Diet Aids, "Nerve" Medication & Others)

Name	Dose/Freq.	Purpose	Taken Today?		Taken as Prescribed?	
			Yes	No	Yes	No
<u>Samas Oc pt could not "remember"</u>						

33. What Obstacles to Treatment Does Patient Forsee:

Recommended Level of Care: ☒ Inpatient ☐ Partial ☐ Outpatient

Rational For Level of Care

High risk of harming self & others  
On Moolamalla to see pt

Assessor's Signature

Title

Date

B. SecorOm HP9/30/99

To Be Completed by Unit Staff

Verbal summary of Part I received by \_\_\_\_\_ R.N.

Patient/Family Orientation to: ☐ Room ☐ Unit ☐ Smoking Policy ☐ Visiting Hours

☐ Phone ☐ Program ☐ Copy of Program Given ☐ Staff Picture Taken ☐ Yes ☐ No

**Personal Essentials List**

☐ Valuables to Safe ☐ No Contraband ☐ Contraband Marked and Placed in Lockers ☐ Contraband Sent Home

# GLEN OAKS HOSPITAL MEDICAL SCREENING

Name: J. Murphy Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

1. Within the last 72 hours has the patient been exposed to: ☐ YES ☐ NO  
( ) Measles ( ) Rubella ( ) Pneumonia ( ) Whooping Cough  
( ) Strep ( ) Chicken Pox ( ) Staph
2. Have you ever been diagnosed as having active TB? ☐ NO ☐ YES If yes, when, where, and how treated: \_\_\_\_\_
3. Has anyone in your family or a close associate ever been diagnosed with active TB? ☐ YES ☐ NO
4. Do you have a persistent cough that has not been diagnosed by a doctor? ☐ YES ☐ NO
5. Have you had an unexplained persistent fever? ☐ YES ☐ NO

If you have a positive response to any of questions 1-5, you must consult with the admitting physician prior to going on to the unit.

- A. Skin: Color ( ) good ( ) pale ( ) jaundice  
Condition ( ) bruises ( ) breaks ( ) cyanotic
- B. Neurological ( ) WNL ( ) dizziness ( ) blurred vision ( ) headaches ( ) seizures  
( ) blackouts ( ) syncope ( ) weakness ( ) tremors
- Pupils ( ) Equal (If not equal hve RN evaluate)  
Gait ( ) steady ( ) unsteady
- C. Cardio: ( ) WNL ( ) chest pain ( ) palpitations ( ) hypertension ( ) hypotension

- D. Respiratory: ( ) WNL ( ) hoarseness ( ) sore throat ( ) cough ( ) nose bleeds  
( ) wheezing ( ) colds ( ) asthma  
( ) sinusitis ( ) unusual rhythm/rate ( ) coughing up blood

- E. Gastrointestinal ( ) WNL ( ) constipation ( ) vomiting ( ) diarrhea ( ) bloody stool  
( ) abdominal pain ( ) indigestion/heartburn

- F. Urinary: ( ) WNL ( ) infection ( ) blood in urine ( ) pain ( ) itching/burning

- G. Endocrine ( ) WNL ( ) Diabetic ☐ YES ☐ NO ( ) Thyroid Problem ☐ YES ☐ NO

Is there an emergency medical condition? ☒ NO ☐ YES (If Yes take vital signs)

Vital Signs: T. \_\_\_\_\_ P. \_\_\_\_\_ Resp. \_\_\_\_\_ B.P. \_\_\_\_\_

If an emergency condition is assessed, describe action taken by the Physician on call.

The Medical and Needs Assessment were reviewed with Dr. Moolanulla  
on 9/30/99 at 4:00 by Bleeker QMP.  
Date Time Assessor

Glen Oaks  
Hospital

# INITIAL PSYCHIATRIC EVALUATION AND ADMISSION NOTE

## PART II

21 4142 AP

MURPHY JEDIDIAH

OK ESTABLISHED  
OK ESTABLISHEDEvaluation Date 9.30.99 Time \_\_\_\_\_Name: Murphy, JedidiahAge: 24Sex: M

Immediate precipitant to admission (events which led to need for acute inpatient treatment).

"I feel like killing myself -- I am tired of  
doing this way"

Current symptom pattern (DSM-IV behavioral criteria for primary diagnosis):

Has not been taking his meds, states that he is "blacking out",  
very irritable, has been sleeping on the side of the road."

feels helpless, hopeless, worthless, very dysphoric; having AH, VH -  
(seeing snakes); wants to kill self

Course of illness, other pertinent precipitants, and prior treatment:

Recently Dc'd from the hospital, was @ a CRU and  
states that he was robbed and has started dissociating

Past medical history (also active medical illness, current medication-prescribed/over-the-counter).

Seroquel ~~poor~~ depakote, Effexor XR<sup>150mg</sup>, Ativan,  
(Patient claims to be on depakote) - dose unknown

Allergies: NoneCigarettes, alcohol and drug use: At this time he denies drug abuseFamily History: Dad had DIOSocial History: Currently homeless

### Mental status examination:

General functioning: POOROrientation: ☒ person ☒ place ☒ time ☒ date ☐ Reason for being hereMemory functioning: very poor attention/conc. span, very irritableIntellectual functioning: averageMood/affect: Very irritable, very dysphoric, angry "I am tired of"Patient assets/strengths: Good Physical healthDelusions: 0Hallucinations: (+) AH, (+) VH - "I am seeing snakes"Suicidal/homicidal ideation and/or intent: "I want to kill myself"Thought form and content: very paranoid, very irritableOther pertinent finding: anxiety, labile, exhibiting severe mood instability

Axis I: ① MDD, Recurrent, Severe &amp; Psych. features 296.34.

② B I D ③ Hx. of alc. dep. Primary Diagnosis

Axis II: None @ this time.

Axis III: has fractured 2 right lower ribs.

Axis IV: ☒ Problems with primary support group ☒ Problems related to the social environment☒ Other psychosocial and environmental problems☐ Educational problems☐ Problems relate to interacting with the legal system/crime ☐ Occupational problems☐ Problems with access to health care services ☐ Housing problems ☐ Economic problems

Specify: no social support, poor coping, non compliance

Axis V: \_\_\_\_\_ Current GAF: 20

Highest GAF in past year 45-50.

## RATIONALE FOR ADMISSION:

- ☒ Prominent suicidal or homicidal ideation so as to constitute a danger to self or others.
- ☐ Substantial danger to self or others as demonstrated in consistent behavior
- ☐ Profound depression of mood with consequent significant impairment of functioning
- ☒ Severe impairment of thought and/or perception with significant impairment of functioning
- ☐ Condition requires 24 hour skilled nursing observation for detoxification/stabilization
- ☐ Severe level of impairment of functioning in multiple areas of living
- ☐ Insufficient structure for effective outpatient treatment
- ☐ Unacceptable outpatient treatment response
- ☐ Drug dependence (specify): \_\_\_\_\_
- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Alcohol      | <input type="checkbox"/> Sedatives/Hypnotics |
| <input type="checkbox"/> Cocaine      | <input type="checkbox"/> Hallucinogens       |
| <input type="checkbox"/> Opiates      | <input type="checkbox"/> Inhalants           |
| <input type="checkbox"/> Stimulants   | <input type="checkbox"/> Marijuana           |
| <input type="checkbox"/> Other: _____ |  |

## PRELIMINARY PROBLEMS:

- ☒ A Danger to self (suicidal, self mutilation)
- ☒ B Danger to others
- ☐ C Potential of detox
- ☒ D Psychotic indications
- ☒ E Sleep disturbances
- ☐ F Sight/Hearing impairment
- ☐ G Respiratory compromise (asthma, COPD)
- ☐ H Falls
- ☐ I Cardiac compromise
- ☐ J Hypertension
- ☐ K Congestive Heart Failure
- ☐ L OTHER (specify): \_\_\_\_\_

## PRELIMINARY PROBLEM LIST: (Symptoms that require immediate hospitalization)

Problem #1: <sup>A, B, D, E</sup> As manifested by: Suicidal intent, AH, VH, very dyspnoea, very angry.

Problem #2: \_\_\_\_\_ As manifested by: \_\_\_\_\_

Estimated length of stay: 7-10 days. Why less structured or intense therapies are contraindicated at this time: Patient is suicidal and psychotic.

Does patient and/or family responsible party(ies) understand and/or agree with clinical reasoning? yes

Criteria for discharge to a less structured setting: when he is stable

Preliminary aftercare plan: PHP

M. Pramen, MD

Physician Signature

9.30.99

Date

4<sup>th</sup>

Time

Glen Oaks  
Hospital

# COMPREHENSIVE ASSESSMENT TOOL

## NURSING ASSESSMENT UPDATE PART III

Jedidiah Murphy Jim  
244442 AP  
12484149 EODIAH  
DR. ESTABROOK  
DR. ESTABROOK

Vital Signs	BP 120/64	Temp 97.2	Pulse 100	Resp. 18	Allergies (Food & Medication) Iodine
Date 9-30-99	Admission Time 1600	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Significant Others (Who Will Be Involved in Treatment) Q		
					<input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

Functional Assessment	Active Yes No	All Positive Answers Must Be Explained in the Comment Section
<b>1. Appearance</b>		<b>Comments</b>
Dirty		
Disheveled		
Tense		
Well-Groomed	✓	
<b>2. Mood</b>		
Depressed	✓	
Elated		
Irritable	✓	
Anxious	✓	
Angry	✓	
Guilty	✓	
<b>3. Behavior</b>		As Evidenced By?
Impulsive	✓	<p>"I'm definitely going to kill myself I can't go on like this, the dx and everything, I got robbed I don't have any clothes or any money, I just need to be back on meds"</p>
Self-Destructive	✓	
Hostile	✓	
Anxious		
Agitated		
Disorganized		
Manipulated		
Withdrawn	✓	
Uncooperative		
Violent		
Inappropriate		
Restless		
Evasive		
Defensive		
Guarded		
Drowsy		
<b>4. Affect</b>		
Appropriate		
Labile		
Shallow		
Constricted	✓	
Depressed	✓	
<b>5. Perceptual Disturbances</b>		Describe/Example
Auditory Hallucinations	✓	<p>"Yes I am hearing snakes and little bitty devils"</p>
Visual Hallucinations	✓	
Depersonalization	✓	
<b>6. Thought</b>		
Organized	✓	<p>"I'm just going to kill my damn self"</p>
Delusional	✓	
Paranoid	✓	
Obsessional	✓	
Suicidal Ideation	✓	
Homicidal Ideation	✓	
Concrete	✓	

Functional Assessment	Active		Comments	All Positive Answers Must Be Explained in the Comment Section
	Yes	No		
Difficulty Completing Task			Describe/Example At. reported ribs were sore from being robbed, gun shoved into ribs. "11/9/10"	
Memory				
Recent Memory Problems				
Remote Memory Problems				
Orientation				
Day				
Date				
Month				
Year				
Time of Day				
City				
Hospital (Place)				
Name (Person)				
0. Speech			Clear	
Slurred				
Pressured				
Non-Verbal				
Stuttered				
Incoherent				

On the Diagram, Indicate All Body Marks by Placement of Numbers From Legend on Proper Body Locations.

1 - Self Mutilation/Scars  
2 - Lacerations  
3 - Trauma Scars  
4 - Operation Scars  
5 - Tattoos  
6 - Bruises &/or Discolorations  
7 - Edema  
8 - Needle Tracks/Scars  
9 - Unusual Body Marks  
(Explain):  
10. \_\_\_\_\_

Head Lice ☐ Yes ☒ No  
Scabies ☐ Yes ☒ No

11. Strengths \_\_\_\_\_  
Weaknesses \_\_\_\_\_

12. Risk for Falls - Consider the following elements:

History of previous falls prior to current hospitalization ☐ Yes ☒ No Confused/disoriented ☐ Yes ☒ No

Geriatric (over 65 years) ☐ Yes ☒ No Impaired Mobility ☐ Low ☐ Med ☐ High

Impaired Eyesight ☐ Low ☐ Med ☐ High Impaired Hearing ☐ Low ☐ Med ☐ High

Neurological Deficit ☐ Low ☐ Med ☐ High Difficulty adjusting to restriction on activity ☐ Low ☐ Med ☐ High

Language Barrier ☐ Low ☐ Med ☐ High

Drugs that alter LOC or behavior (sedatives, tranquilizers, pain medications, diuretics, laxatives) ☐ Low ☐ Med ☐ High

Other comments: wears contacts

13. Emotional/Behavioral Assessment "Depressed as hell tired of this, I will kill myself this time"

14. Patient/Family Education Needs: \_\_\_\_\_

15. Discharge Planning *ADP*

*J. Collins RN*  
Signature of R.N.

*9-30-99*  
Date of Assessment



**SELF-ASSESSMENT (LEISURE INVENTORY)**

**Directions:** The Following is a list of various leisure activities which have been categorized into different areas. Please circle F, S, I, P, for those that are appropriate.

**Circle F (FREQUENTLY)**

**Circle S (SOMETIMES)**

**Circle I (INTERESTED)**

**Circle P (PAST)**

For those activities you participate in regularly. (Daily, every other day, when in season, etc.)

For those activities you have experienced but not on a regular basis.

For those activities you would like to learn (you may or may not have done these before, but you are still interested in learning more about the activity)

For those activities you used to enjoy but no longer participate in.

**ARTS**

FSIP - Painting  
 FSIP - Drawing  
 FSIP - Leather crafts  
 FSIP - Woodworking  
 FSIP - Pottery/ceramics  
 FSIP - Flower arranging  
 FSIP - Home decorating  
 FSIP - Cake decorating  
 FSIP - Fabric Art  
 FSIP - Photography  
 FSIP - Sewing/needle work  
 FSIP - Knitting/crocheting  
 FSIP - Writing/poetry  
 FSIP - Other \_\_\_\_\_

**COMMUNITY**

FSIP - Sport events (football games, tennis matches, car races)  
 FSIP - Shopping  
 FSIP - Going out to eat  
 FSIP - Clubs \_\_\_\_\_  
 FSIP - Health spa/club  
 FSIP - YMCA/Recreation centers  
 FSIP - Cultural events (plays, ballet, museums)  
 FSIP - Church Activities  
 FSIP - Movies  
 FSIP - Volunteer work  
 FSIP - Library  
 FSIP - Senior Citizen Center  
 FSIP - Other \_\_\_\_\_

**PHYSICAL**

FSIP - Weight lifting  
 FSIP - Swimming  
 FSIP - Bicycling  
 FSIP - Tennis  
 FSIP - Racquetball/squash  
 FSIP - Aerobics  
 FSIP - Team sports (volleyball, softball, baseball or basketball, etc.)  
 FSIP - Golf  
 FSIP - Jogging/running  
 FSIP - Walking  
 FSIP - Skating, roller or ice  
 FSIP - Bowling  
 FSIP - Other \_\_\_\_\_

**OUTDOORS**

FSIP - Picnics  
 FSIP - Yardwork  
 FSIP - Fishing  
 FSIP - Tent camping  
 FSIP - Hiking  
 FSIP - Backpacking  
 FSIP - Boating (sailing, motor, canoe)  
 FSIP - Hunting  
 FSIP - Horseback riding  
 FSIP - Motorcycle riding  
 FSIP - Water skiing  
 FSIP - Snow skiing  
 FSIP - Rock Climbing or Repelling  
 FSIP - Other \_\_\_\_\_

**GAMES**

FSIP - Play cards \_\_\_\_\_  
 FSIP - Jigsaw puzzles  
 FSIP - Crossword puzzles  
 FSIP - Table games (Monopoly, other \_\_\_\_\_)  
 FSIP - Horseshoes  
 FSIP - Badminton  
 FSIP - Pool  
 FSIP - Pingpong  
 FSIP - Miniature golf  
 FSIP - Croquet  
 FSIP - Bingo  
 FSIP - Other \_\_\_\_\_

**MUSIC**

FSIP - Dancing \_\_\_\_\_  
 FSIP - Singing  
 FSIP - Composing music  
 FSIP - Play instrument \_\_\_\_\_  
 FSIP - Listen - types  
 FSIP - Concerts  
 FSIP - Choir (Church, School) \_\_\_\_\_  
 FSIP - Other \_\_\_\_\_

**MISCELLANEOUS**

FSIP - Reading  
 FSIP - Houseplants  
 FSIP - Cooking/baking  
 FSIP - Travel  
 FSIP - Home repair  
 FSIP - Auto mechanics  
 FSIP - Pets  
 FSIP - Collecting items (coins, stamps, etc.)  
 FSIP - TV  
 FSIP - Other \_\_\_\_\_

# THERAPEUTIC RECREATION ASSESSMENT

I. PATIENT INFORMATION Name: Jim Murphy

Unit: AP/C

24 4447 AP

Physical Restriction/Precautions: SPD

Strengths/Weaknesses: copy skills

04 ESTIMATED  
04 ESTIMATED  
2222

## II. GENERAL BEHAVIOR

	Appropriate	Minimal	Moderate	Disabled	Severe Dysfunction
A. Appearance/Grooming	Appropriate grooming and dress	Slightly unkempt	Adequate hygiene	Poor hygiene	Severely disheveled
B. Attitude Toward Hospitalization	Motivated	Somewhat motivated	Indifferent	Uncooperative	Involuntary
C. Affect	Full range	Restricted	Burned	Not congruent	Hostile

## III. PERFORMANCE

A. Decision Making/Problem Solving	Independent	Needs support	Indecisive	Impulsive	Totally dependent
B. Socialization Skills	Initiates interaction	Responsive to interaction	Occasional interaction	Needs prompting	Poor judgement
C. Communication Skills	Assertive	Passive	Difficulty identifying feelings	Passive aggressive	Domineering
D. Coping Skills	Constructive outlets	Limited positive outlets	Unable to identify positive outlets	Destructive	Aggressive
E. Attention Span/Concentration	Able to focus for duration of task	Difficult to focus	Frequent distraction	Easily distracted	Unstable
F. Frustration Tolerance	Verbalizes and adapts	Difficulty adapting	Dependent task	Abandons task	Unstable
G. Memory/Orientation	Oriented x 4	Occasionally disoriented	Intermittently confused	Requires frequent P/O	Destructive
H. Insight	Acknowledges own problems	Partially recognizes own problems	Recognizes own problem when confronted	Displaces responsibility (denial)	Psychotic
I. Self-Esteem	Acknowledges strengths/abilities	Difficulty identifying strengths/abilities	Self deprecating	Worthlessness	Severely confused
J. Leisure Skills	Varied interests	Limited interests	Interests but involved sporadically	Interests but not currently involved	Unable to acknowledge problems
K. Independent Living Skills/Vocational Skills	Regularly involved	Regularly involved	Lacks initiative/motivation	Requires positive education & direction	Self destructive
IV. DESCRIBE HOW AND WHERE PATIENT SPENDS LEISURE TIME / ANY IDENTIFIED VOCATIONAL ISSUES OR CONCERNS	Independent	Minimal assistance	Unaware of Voc. Ops		No current interests or involvement

UPDATE

PROBLEM: Danger to self and others 2. Psychotic indicators

GOAL: Make positive statements about self and ability to cope & stresses of life and report diminishing/absence of hallucinations

INTERVENTION: TRX3 daily

DISCHARGE PLAN: At to be free from self harm and report diminishing hallucinations

JEREMY JEDIDIAH

AK E. R. K.  
AK E. R. K.

**Psychosocial Assessment - Update**

**1. PRESENTING PROBLEM & CIRCUMSTANCES**

*suicidality & homicidality*

**2. LIVING SITUATION CHANGES SINCE LAST ADMISSION**

*none*

**3. STATUS OF PSYCHOLOGICAL STRESSORS**

*no job, no home, hearing voices*

**4. HAVE YOU BEEN SEEN BY A THERAPIST/PSYCHIATRIST? MHMR OR CLINIC?  
(IF YES, INDICATE NAME, ADDRESS & PHONE #)**

*NO*

**5. DO YOU INTEND TO CONTINUE WITH THIS TREATMENT? ( If yes, transcribe this information  
directly to D/C plan and have patient sign Consent to Release Information Form)**

*NA*

**6. CONCERNS RELATED TO PREVIOUS D/C PLAN:**

*Pt noncompliant c Rx*

7. TREATMENT GOALS-PATIENT:

want to die

FAMILY/OTHERS:

NONE

8. DISCHARGE PLANS AND IDENTIFIED PROBLEMS

(Included impediments to D/C and Aftercare.)

medication management

9. INTEGRATED SUMMARY:

→ suicidality & homicidality

SUGGESTED PROBLEMS TO BE ADDRESSED DURING THIS EPISODE OF TX:

ANTICIPATED RESULTS:

absence of suicidality & homicidality

RECOMMENDATIONS FOR TX. INTERVENTIONS:

activities therapy  
medication management  
daily group therapy

SOCIAL SERVICES SIGNATURE

P. White LMSW ACP

DATE

10/1/99

1. PRINT DIET ORDERS.

2. LIST PATIENT'S LAST NAME FIRST AND FIRST INITIAL.

3. USE THE PROPER SECTION FOR EACH DIET ORDER.

4. PART 1, NURSE'S STATION, AND PART 2 DIETARY COPY.

5. TO BE PICKED UP BY DIETARY DEPT.

**DIET CHANGE SUMMARY**

FLOOR \_\_\_\_\_ DATE \_\_\_\_\_

MEAL \_\_\_\_\_

PREPARED BY \_\_\_\_\_

**DISCHARGE**

ROOM	NAME	DIET ORDER

**TRANSFERS**

ROOM	TO	NAME	DIET ORDER

**NEW ADMISSIONS**

ROOM	NAME	DIET ORDER

**CHANGE OF DIET**

ROOM	NAME	DIET ORDER

**DELAYED MEALS:**

BLOOD WORK, X-RAY, ETC.

ROOM	NAME	REASON

**NPO (SURGERY, NPO):**

ROOM	NAME	REASON

**SPECIAL REQUESTS:**

VISITATION, DIET INSTRUCTION, SPECIAL

ROOM	ORDER



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

MURPHY JEDIDIAH  
1/3 1/77  
DR ESTABROOK  
DR ESTABROOK  
1/27

Date	Time	Dept.	Prob.

Medication PRN Notes: Patient Name Jane Murphy

Magnadone 100 mg/K was given at 10-1-99 2:00  
(Medication, Dosage and Route) (Date / Time)

Patient Education: \_\_\_\_\_

Cooperation in Taking Meds: ☒ Totally Cooperative ☐ Required Verbal Persuasion

☒ Other reg. med.

Behaviors/Symptoms Being Treated: mania

Given By B. Hester

Patients Response pt. asleep

(Nurse Signature)

(Date / Time)





## Therapeutic Recreation Participation Record

MURPHY JEDIDIAH  
11/11/11  
DR ESTABROOK  
DR ESTABROOK

*Jim*

<input checked="" type="checkbox"/> Lifestyle Mgt. <u>100-500</u>	<b>Group(s) / Time(s)</b> _____ Kinetic Group _____	Rec. Group _____
---	--	------------------

### 1. How was group focus related to this patient's treatment plan?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Inability to cope<br><input checked="" type="checkbox"/> Low self esteem<br><input checked="" type="checkbox"/> Impulsive behavior<br><input checked="" type="checkbox"/> Poor Social Skills<br><input type="checkbox"/> Suicidal Ideation's<br><input checked="" type="checkbox"/> Homicidal Ideation's<br><input checked="" type="checkbox"/> Depression | <input type="checkbox"/> Aggressive outbursts<br><input checked="" type="checkbox"/> Difficulties adapting to change<br><input checked="" type="checkbox"/> Inability to express feelings<br><input type="checkbox"/> Inability maintain sobriety<br><input checked="" type="checkbox"/> Inability to solve problems<br><input type="checkbox"/> Abandonment issues<br><input type="checkbox"/> Inability to trust others | <input checked="" type="checkbox"/> Difficulties making decisions<br><input type="checkbox"/> Disordered thought process<br><input type="checkbox"/> Unable to complete task without assistance<br><input type="checkbox"/> Inability to concentrate<br><input type="checkbox"/> Inability to follow instructions<br><input type="checkbox"/> High level's of anxiety |
|--|---|---|

### 2. What specific goals were addressed?

- |   |   |
|---|---|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self-defeating ways to handle angry feelings.<br><input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.<br><input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.<br><input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages.<br><input checked="" type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.<br><input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.<br><input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters.<br><input type="checkbox"/> Think more clearly as demonstrated by logical speech.<br><input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.<br><input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations. |
|---|---|

### 3. Symptoms Reported and/or observed:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Suicidal Ideation<br><input type="checkbox"/> Somatic complaints<br><input type="checkbox"/> Self defeating<br><input checked="" type="checkbox"/> Depressed<br><input type="checkbox"/> Hiding<br><input type="checkbox"/> Homicidal Ideation<br><input type="checkbox"/> Angry outbursts | <input type="checkbox"/> Pressured Speech<br><input type="checkbox"/> Paranoia<br><input type="checkbox"/> Manic Tendencies<br><input type="checkbox"/> Tremulousness<br><input type="checkbox"/> Shakiness<br><input type="checkbox"/> Phobias<br><input type="checkbox"/> Panic | <input type="checkbox"/> Impaired Orientation<br><input type="checkbox"/> Cognitive Distortion<br><input type="checkbox"/> Minimization<br><input type="checkbox"/> Denial<br><input type="checkbox"/> Chem. Abuse<br><input type="checkbox"/> Delusional<br><input checked="" type="checkbox"/> Anxious | <input type="checkbox"/> Hostility<br><input type="checkbox"/> Threats<br><input type="checkbox"/> Sleeplessness<br><input type="checkbox"/> Disorientation<br><input type="checkbox"/> Hallucinating<br><input type="checkbox"/> Labile<br><input type="checkbox"/> Other: _____ |
|---|---|--|---|

### 4. Patient response / staff assessment:

- |  |   |   |   |   |
|--|---|---|---|---|
| <input checked="" type="checkbox"/> Attentive<br><input type="checkbox"/> Sharing<br><input type="checkbox"/> Negative | <input type="checkbox"/> Supportive<br><input type="checkbox"/> Intrusive<br><input type="checkbox"/> Defensive | <input type="checkbox"/> Guarded<br><input type="checkbox"/> Resistant<br><input type="checkbox"/> Positive | <input type="checkbox"/> Drowsy<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> No disclosure | <input type="checkbox"/> Disinterested<br><input type="checkbox"/> Attempts to monopolize<br><input type="checkbox"/> Receptive to feedback |
|--|---|---|---|---|
- pt. affect depressed + flat. at X's. Able to work independently on projects in art group. Interacted quietly & peer.*

### 5. Plan:

*Continue to plan as prescribed*

STAFF SIGNATURE: *Jim Brooker, MA, MFT*

DATE: *10/1/29*

# Patient Assessment and Activity Record For 10/2/99

## SATURDAY OR SUNDAY

### Hygiene & ADL

 11-7 7-7 7-11  
 ( ) ( ) ( ) Independent

Hr. / T / P / R / BP

### If functioning not independent:

#### Personal Care Provided

 11-7 7-7 7-11  
 ( ) ( ) ( ) Bed Bath  
 ( ) ( ) ( ) Partial Bath  
 ( ) ( ) ( ) Shower  
 ( ) ( ) ( ) A.M. Care  
 ( ) ( ) ( ) P.M. Care

#### Elimination

 Incont. = I, Void = V, Stool = BM  
 11-7 7-7 7-11

Weight: \_\_\_\_\_ (M &amp; Th 3-11)

#### Lab Services

 Admit Profile Drawn Sent  
 Blood \_\_\_\_\_  
 Urine \_\_\_\_\_

Hr. / T / P / R / BP

Hr. / T / P / R / BP

Hr. / T / P / R / BP

#### DX Test/Treatments

Test Time

Test Time

#### Nutritional (Eating)

 7a 12p 5p  
 ( ) ( ) ( ) Refused Meal  
 ( ) ( ) ( ) 25%  
 ( ) ( ) ( ) 50%  
 ( ) ( ) ( ) 75%  
 ( ) ( ) ( ) 100%

2434442 AP

MURPHY JEDIDIAH "Jim"

 DR ESTABROOK  
 DR ESTABROOK

### Motivation Level to Attend Therapy & Activities

 7-7 7-11  
 ( ) ( ) ( ) Self motivated  
 ( ) ( ) ( ) Needs Reminders  
 ( ) ( ) ( ) Frequently Tardy  
 ( ) ( ) ( ) Some Refused\*  
 ( ) ( ) ( ) Refused All\*

#### Precautions

 11-7 7-7 7-11  
 ( ) ( ) ( ) 1:1\*  
 ( ) ( ) ( ) SP I\*  
 ( ) ( ) ( ) SP II  
 ( ) ( ) ( ) EP

 ( ) ( ) ( ) Seizure  
 ( ) ( ) ( ) Detox  
 ( ) ( ) ( ) R.T.F.  
 ( ) ( ) ( ) Seclusion\*  
 ( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

### Intervention

 11-7 7-7 7-11  
 ( ) ( ) ( ) Clarification  
 ( ) ( ) ( ) Limit-Setting  
 ( ) ( ) ( ) Confirmation  
 ( ) ( ) ( ) Problem Solving  
 ( ) ( ) ( ) Socialization  
 ( ) ( ) ( ) Role Playing  
 ( ) ( ) ( ) Orientation  
 ( ) ( ) ( ) Activity  
 ( ) ( ) ( ) Education  
 ( ) ( ) ( ) Journaling  
 ( ) ( ) ( ) Re-Directing  
 ( ) ( ) ( ) Support

#### Sleep Pattern

 11-7  
 ( ) ( ) ( ) hours uninterrupted  
 ( ) ( ) ( ) Out of bed # \_\_\_\_\_ times  
 ( ) ( ) ( ) Difficulty Falling to Sleep  
 ( ) ( ) ( ) Restless

 Jim M. Admit. TSH  
 N1185885-8 uA, bST  
 20182-8

## Education

Orientation: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Medication: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Disease: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Coping Skills: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Education Materials: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature &amp; title staff 11-7

Signature &amp; title staff 7-7

Signature &amp; title staff 7-11

### Assessment by RN

#### Affect

 11-7 7-7 7-11  
 ( ) ( ) ( ) Bright  
 ( ) ( ) ( ) Flat  
 ( ) ( ) ( ) Blunted  
 ( ) ( ) ( ) Hostile  
 ( ) ( ) ( ) Apathetic  
 ( ) ( ) ( ) Restricted

#### Thought Process

 11-7 7-7 7-11  
 ( ) ( ) ( ) Organized  
 ( ) ( ) ( ) Preoccupied  
 ( ) ( ) ( ) Disorganized  
 ( ) ( ) ( ) Concrete

### Behavior

 11-7 7-7 7-11  
 ( ) ( ) ( ) Impulsive  
 ( ) ( ) ( ) Agitated  
 ( ) ( ) ( ) Uncooperative  
 ( ) ( ) ( ) Self-Destructive  
 ( ) ( ) ( ) Disorganized  
 ( ) ( ) ( ) Violent  
 ( ) ( ) ( ) Hostile  
 ( ) ( ) ( ) Manipulative  
 ( ) ( ) ( ) Inappropriate  
 ( ) ( ) ( ) Anxious  
 ( ) ( ) ( ) Withdrawn  
 ( ) ( ) ( ) Restless

#### Cognition

 11-7 7-7 7-11  
 ( ) ( ) ( ) Oriented x 3  
 ( ) ( ) ( ) Disoriented

### Social

 11-7 7-7 7-11  
 ( ) ( ) ( ) Appropriate  
 ( ) ( ) ( ) Withdrawn  
 ( ) ( ) ( ) Attention Seeking  
 ( ) ( ) ( ) Manipulative  
 ( ) ( ) ( ) Reclusive

#### Physical Status

 ✓ Abnormal findings\*  
 11-7 7-7 7-11  
 ( ) ( ) ( ) Skin  
 ( ) ( ) ( ) Neuro-Muscular  
 ( ) ( ) ( ) Cardio-Vascular  
 ( ) ( ) ( ) Respiratory  
 ( ) ( ) ( ) Gastrointestinal  
 ( ) ( ) ( ) Genitourinary  
 ( ) ( ) ( ) Seeks Meds  
 ( ) ( ) ( ) Somatic Complaints

### Mood

 11-7 7-7 7-11  
 ( ) ( ) ( ) Depressed  
 ( ) ( ) ( ) Elated  
 ( ) ( ) ( ) Irritable  
 ( ) ( ) ( ) Anxious  
 ( ) ( ) ( ) Angry  
 ( ) ( ) ( ) Guilty

#### Alertness

 ( ) ( ) ( ) Alertness  
 ( ) ( ) ( ) Slight Drowsy  
 ( ) ( ) ( ) Lethargic  
 ( ) ( ) ( ) Hyper-Alert

#### Insight

 11-7 7-7 7-11  
 ( ) ( ) ( ) Self-Aware  
 ( ) ( ) ( ) Denial  
 ( ) ( ) ( ) Some Insight

11-7 RN

7-7 RN

7-11 RN

Unable to assess



# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Glen Oaks  
Hospital

Prob. # 1

Prob. # 3

Prob. # 2

Prob. # 4

Danger to self / others

Date	Time	Dept.	Prob.	
9/9	0535	NSG		Pt has rested well this shift, Eyes closed, Resp. easy + unlabored. No complaints voiced, Remains on SpII @ 15 minute safety checks. In group therapy: pt attended, sat slouched with head pulled down over his head. He did not engage verbally + left prior to group ending. Patient Valour, Marc
10/12/99	1345	NSG		Attended goals group 0.5 hrs. Remains on SpII @ 15 min safety. M. Cunningham
11/2/99	1600	NSG		During the morning process group, around 1045 pt left the <del>the</del> <sup>errand</sup> group and walked down the hall and stood in the corner. Staff approached pt who identified himself as "Tyler". Staff inquired as to the reason he left group and pt replied that he was "tired <sup>of hearing</sup> about all this sexual abuse." Staff requested that pt return to the unit and pt refused. Another staff member approached pt redirecting him to the unit and pt once again refused. Pt stated that he liked the spot he was in and wanted to remain there. Another staff approached pt asking him to return to the unit and once again pt refused. Pt was admonished by staff that he needed to return to the unit and that he could not

Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
 DS - Dietary Services, PS - Psychological Services,  
 CS - Clinical Staff (S.W. & Therapist) MD - Physician

2434442 AP

MURPHY JEDIDIAH

OR ESTABROOK

OR ESTABROOK

7272

7272

Date	Time	Dept.	Prob.	
				remain in the hall alone and asked him to walk down to the unit. Pt refused and stated that the first person to touch him "was going to get it." Pt was placed in a basket hold and assisted to the ground by staff. Staff told pt that he needed to calm down <del>and</del> <sup>error</sup> in order to be released. Pt replied that he wasn't going to calm down and that he hadn't "begun to have fun & you guys yet," and began struggling and fighting & staff. <del>Staff</del> <sup>Jeffrey</sup> Two additional male staff members came to assist, at which point, pt identified himself as "Jim" and calmed. Staff released pt and walked him down to the unit. <del>Catchall MHI / M. Curran</del>

Medication PRN Notes: Patient Name

Ativan 2mg X 2 PO  
 (Medication, Dosage and Route)

Jim Murphy  
 was given at 10/2/99 1650  
 (Date / Time)

Patient Education:

Cooperation in Taking Meds: ☐ Totally Cooperative ☐ Required Verbal Persuasion

☒ Other requested

Behaviors/Symptoms Being Treated: anxietyGiven By R. Jones, LVAPatients Response calmer

R. Jones, LVA  
 (Nurse Signature)

10/2/99 1750  
 (Date / Time)



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
 DS - Dietary Services, PS - Psychological Services,  
 CS - Clinical Staff (S.W. & Therapist) MD - Physician

2434442 AP

MURPHY JEDIDIAH  
 11/1/11  
 DR ESTABROOK  
 DR ESTABROOK  
 11/1/11

Date	Time	Dept.	Prob.	
10/2/99	2100	Nsg		Pt Participated + attended O: show wrap up therapy. Describe feeling "jumpy". Stides high for the day. As "phone call". Effect flat. Interacts = select green minutes. Remains on SPH pre-cautions = 15 min visual v's for pt safety. J. Roach

Medication PRN Notes: Patient Name Jedidiah Murphy  
Trazodone 100mg PO QHS PRN for insomnia was given at 10-2-99 2200  
 (Medication, Dosage and Route) (Date / Time)

Patient Education: \_\_\_\_\_  
 Cooperation in Taking Meds: ☐ Totally Cooperative ☐ Required Verbal Persuasion  
☐ Other \_\_\_\_\_  
 Behaviors/Symptoms Being Treated: insomnia

Given By J. Roach  
 Patients Response pt rested, eyes closed. No further complaints were voiced  
J. Roach 10-2-99 2300  
 (Nurse Signature) (Date / Time)

Medication PRN Notes: Patient Name Jedidiah Murphy  
Ativan 2mg PO PRN Q6 for anxiety was given at 10-2-99 2330  
 (Medication, Dosage and Route) (Date / Time)

Patient Education: \_\_\_\_\_  
 Cooperation in Taking Meds: ☐ Totally Cooperative ☐ Required Verbal Persuasion  
☐ Other \_\_\_\_\_  
 Behaviors/Symptoms Being Treated: anxiety

Given By J. Roach  
 Patients Response no further complaints voiced  
 (Nurse Signature) (Date / Time)



# Therapeutic Recreation Participation Record

2434442 AP

MURPHY JEDIDIAH

DR ESTABROOK

DR ESTABROOK

Group(s) / Time(s) 3-4 Kinetic Group 5-3 Rec. Group 7/1/1

## 1. How was group focus related to this patient's treatment plan?

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Inability to cope    | <input checked="" type="checkbox"/> Aggressive outbursts            | <input checked="" type="checkbox"/> Difficulties making decisions              |
| <input checked="" type="checkbox"/> Low self esteem      | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process                 |
| <input checked="" type="checkbox"/> Impulsive behavior   | <input checked="" type="checkbox"/> Inability to express feelings   | <input checked="" type="checkbox"/> Unable to complete task without assistance |
| <input checked="" type="checkbox"/> Poor Social Skills   | <input checked="" type="checkbox"/> Inability maintain sobriety     | <input checked="" type="checkbox"/> Inability to concentrate                   |
| <input checked="" type="checkbox"/> Suicidal Ideation's  | <input checked="" type="checkbox"/> Inability to solve problems     | <input checked="" type="checkbox"/> Inability to follow instructions           |
| <input checked="" type="checkbox"/> Homicidal Ideation's | <input checked="" type="checkbox"/> Abandonment issues              | <input checked="" type="checkbox"/> High level's of anxiety                    |
| <input checked="" type="checkbox"/> Depression           | <input checked="" type="checkbox"/> Inability to trust others       |  |

## 2. What specific goals were addressed?

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.        | <input checked="" type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input checked="" type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                        | <input checked="" type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input checked="" type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.           | <input checked="" type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input checked="" type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages. | <input checked="" type="checkbox"/> Think more clearly as demonstrated by logical speech.                         |
| <input checked="" type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                 | <input checked="" type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input checked="" type="checkbox"/> Other: _____   | <input checked="" type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Suicidal Ideation  | <input checked="" type="checkbox"/> Pressured Speech | <input checked="" type="checkbox"/> Impaired Orientation | <input checked="" type="checkbox"/> Hostility      |
| <input checked="" type="checkbox"/> Somatic complaints | <input checked="" type="checkbox"/> Paranoia         | <input checked="" type="checkbox"/> Cognitive Distortion | <input checked="" type="checkbox"/> Threats        |
| <input checked="" type="checkbox"/> Self defeating     | <input checked="" type="checkbox"/> Manic Tendencies | <input checked="" type="checkbox"/> Minimization         | <input checked="" type="checkbox"/> Sleeplessness  |
| <input checked="" type="checkbox"/> Depressed          | <input checked="" type="checkbox"/> Tremulousness    | <input checked="" type="checkbox"/> Denial               | <input checked="" type="checkbox"/> Disorientation |
| <input checked="" type="checkbox"/> Hiding             | <input checked="" type="checkbox"/> Shakiness        | <input checked="" type="checkbox"/> Chem. Abuse          | <input checked="" type="checkbox"/> Hallucinating  |
| <input checked="" type="checkbox"/> Homicidal Ideation | <input checked="" type="checkbox"/> Phobias          | <input checked="" type="checkbox"/> Delusional           | <input checked="" type="checkbox"/> Labile         |
| <input checked="" type="checkbox"/> Angry outbursts    | <input checked="" type="checkbox"/> Panic            | <input checked="" type="checkbox"/> Anxious              | <input checked="" type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |   |  |   |   |  |
|---|--|---|---|--|
| <input checked="" type="checkbox"/> Attentive | <input checked="" type="checkbox"/> Supportive | <input checked="" type="checkbox"/> Guarded   | <input checked="" type="checkbox"/> Drowsy        | <input checked="" type="checkbox"/> Disinterested          |
| <input checked="" type="checkbox"/> Sharing   | <input checked="" type="checkbox"/> Intrusive  | <input checked="" type="checkbox"/> Resistant | <input checked="" type="checkbox"/> Withdrawn     | <input checked="" type="checkbox"/> Attempts to monopolize |
| <input checked="" type="checkbox"/> Negative  | <input checked="" type="checkbox"/> Defensive  | <input checked="" type="checkbox"/> Positive  | <input checked="" type="checkbox"/> No disclosure | <input checked="" type="checkbox"/> Receptive to feedback  |

*He participated well in group & got along great with peers + staff & seemed less depressed*

5. Plan: *cont. treatment*

STAFF SIGNATURE: *Vida Helber*

DATE: *10-3-99*





# Therapeutic Recreation Participation Record

2434442 AP

MURPHY JEDIDIAH  
1131177  
OR ESTABROOK

## Group(s) / Time(s)

Lifestyle Mgt. 330-430

Kinetic Group 230-330

Rec. Group

## 1. How was group focus related to this patient's treatment plan?

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Inability to cope  | <input checked="" type="checkbox"/> Aggressive outbursts            | <input checked="" type="checkbox"/> Difficulties making decisions    |
| <input checked="" type="checkbox"/> Low self esteem    | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process       |
| <input checked="" type="checkbox"/> Impulsive behavior | <input checked="" type="checkbox"/> Inability to express feelings   | <input type="checkbox"/> Unable to complete task without assistance  |
| <input checked="" type="checkbox"/> Poor Social Skills | <input checked="" type="checkbox"/> Inability maintain sobriety     | <input checked="" type="checkbox"/> Inability to concentrate         |
| <input type="checkbox"/> Suicidal Ideation's           | <input checked="" type="checkbox"/> Inability to solve problems     | <input checked="" type="checkbox"/> Inability to follow instructions |
| <input type="checkbox"/> Homicidal Ideation's          | <input type="checkbox"/> Abandonment issues                         | <input checked="" type="checkbox"/> High level's of anxiety          |
| <input type="checkbox"/> Depression                    | <input type="checkbox"/> Inability to trust others                  |  |

## 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings.        | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                        | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.           | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages. | <input type="checkbox"/> Think more clearly as demonstrated by logical speech.                         |
| <input checked="" type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.      | <input checked="" type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.  |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Suicidal Ideation    | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation | <input type="checkbox"/> Hostility      |
| <input type="checkbox"/> Somatic complaints   | <input type="checkbox"/> Paranoia         | <input type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input type="checkbox"/> Self defeating       | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization         | <input type="checkbox"/> Sleeplessness  |
| <input checked="" type="checkbox"/> Depressed | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial               | <input type="checkbox"/> Disorientation |
| <input type="checkbox"/> Hiding               | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse          | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation   | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional           | <input type="checkbox"/> Labile         |
| <input type="checkbox"/> Angry outbursts      | <input type="checkbox"/> Panic            | <input checked="" type="checkbox"/> Anxious   | <input type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |   |                                     |   |  |   |
|---|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> Attentive | <input type="checkbox"/> Supportive | <input checked="" type="checkbox"/> Guarded | <input type="checkbox"/> Drowsy        | <input type="checkbox"/> Disinterested                    |
| <input type="checkbox"/> Sharing              | <input type="checkbox"/> Intrusive  | <input type="checkbox"/> Resistant          | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Attempts to monopolize           |
| <input type="checkbox"/> Negative             | <input type="checkbox"/> Defensive  | <input type="checkbox"/> Positive           | <input type="checkbox"/> No disclosure | <input checked="" type="checkbox"/> Receptive to feedback |

pt. affect & disturbed today. Pt initially depressed, but brightened some c prompting from staff. Less cognitive distortion evident today. Participated well in group activity. No progress noted.

## 5. Plan:

Cont. Tx

STAFF SIGNATURE:

david josh TRS

DATE:

10/2/09

# Patient Assessment and Activity

Record For 10 / 3 / 99

**SATURDAY OR SUNDAY**

## Hygiene & ADL

11-7 7-7 7-11

( ) ( ) ( ) Independent

Hr. / T / P / R / BP

## If functioning not independent:

### Personal Care Provided

11-7 7-7 7-11

( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

## Elimination

Incont. = I, Void = V, Stool = BM

11-7 7-7 7-11

Weight: \_\_\_\_\_ (M & Th 3-11)

## Lab Services

Admit Profile Drawn Sent

Blood \_\_\_\_\_

Urine \_\_\_\_\_

Hr. / T / P / R / BP

Hr. / T / P / R / BP

## DX Test/Treatments

Test Time

Test Time

## Nutritional (Eating)

7a 12p 5p

( ) ( ) ( ) Refused Meal

( ) ( ) ( ) 25%

( ) ( ) ( ) 50%

( ) ( ) ( ) 75%

( ) ( ) ( ) 100%

2434442 AP

MURPHY JEDIDIAH

"JIM"

DR ESTABROOK

DR ESTABROOK

## Motivation Level to Attend Therapy & Activities

7-7 7-11

( ) ( ) ( ) Self motivated

( ) ( ) ( ) Needs Reminders

( ) ( ) ( ) Frequently Tardy

( ) ( ) ( ) Some Refused\*

( ) ( ) ( ) Refused All\*

## Precautions

11-7 7-7 7-11

( ) ( ) ( ) L1\*

( ) ( ) ( ) SP I\*

( ) ( ) ( ) SP II

( ) ( ) ( ) EP

( ) ( ) ( ) Seizure

( ) ( ) ( ) Detox

( ) ( ) ( ) R.T.F.

( ) ( ) ( ) Seclusion\*

( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

## Intervention

11-7 7-7 7-11

( ) ( ) ( ) Clarification

( ) ( ) ( ) Limit-Setting

( ) ( ) ( ) Confirmation

( ) ( ) ( ) Problem Solving

( ) ( ) ( ) Socialization

( ) ( ) ( ) Role Playing

( ) ( ) ( ) Orientation

( ) ( ) ( ) Activity

( ) ( ) ( ) Education

( ) ( ) ( ) Journaling

( ) ( ) ( ) Re-Directing

( ) ( ) ( ) Support

## Sleep Pattern

11-7 7-7 7-11

( ) ( ) ( ) hours uninterrupted

( ) ( ) ( ) Out of bed # \_\_\_\_\_ times

( ) ( ) ( ) Difficulty Falling to Sleep

( ) ( ) ( ) Restless

## Education

### Orientation:

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

### Medication:

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

### Disease:

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

### Coping Skills:

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

### Education Materials:

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature of aide staff 11-7

Signature of aide staff 7-7

Signature of aide staff 7-11

## Assessment by RN

### Affect

11-7 7-7 7-11

( ) ( ) ( ) Bright

( ) ( ) ( ) Flat

( ) ( ) ( ) Blunted

( ) ( ) ( ) Hostile

( ) ( ) ( ) Apathetic

( ) ( ) ( ) Restricted

### Thought Process

11-7 7-7 7-11

( ) ( ) ( ) Organized

( ) ( ) ( ) Preoccupied

( ) ( ) ( ) Disorganized

( ) ( ) ( ) Concrete

## Behavior

11-7 7-7 7-11

( ) ( ) ( ) Impulsive

( ) ( ) ( ) Agitated

( ) ( ) ( ) Uncooperative

( ) ( ) ( ) Self-Destructive

( ) ( ) ( ) Disorganized

( ) ( ) ( ) Violent

( ) ( ) ( ) Hostile

( ) ( ) ( ) Manipulative

( ) ( ) ( ) Inappropriate

( ) ( ) ( ) Anxious

( ) ( ) ( ) Withdrawn

( ) ( ) ( ) Restless

## Cognition

11-7 7-7 7-11

( ) ( ) ( ) Oriented x 3

( ) ( ) ( ) Disoriented

## Social

11-7 7-7 7-11

( ) ( ) ( ) Appropriate

( ) ( ) ( ) Withdrawn

( ) ( ) ( ) Attention Seeking

( ) ( ) ( ) Manipulative

( ) ( ) ( ) Reclusive

## Physical Status

✓ Abnormal findings\*

11-7 7-7 7-11

( ) ( ) ( ) Skin

( ) ( ) ( ) Neuro-Muscular

( ) ( ) ( ) Cardio-Vascular

( ) ( ) ( ) Respiratory

( ) ( ) ( ) Gastrointestinal

( ) ( ) ( ) Genitourinary

( ) ( ) ( ) Seeks Meds

( ) ( ) ( ) Somatic Complaints

## Mood

11-7 7-7 7-11

( ) ( ) ( ) Depressed

( ) ( ) ( ) Elated

( ) ( ) ( ) Irritable

( ) ( ) ( ) Anxious

( ) ( ) ( ) Angry

( ) ( ) ( ) Guilty

## Alertness

11-7 7-7 7-11

( ) ( ) ( ) Alertness

( ) ( ) ( ) Slight Drowsy

( ) ( ) ( ) Lethargic

( ) ( ) ( ) Hyper-Alert

## Insight

11-7 7-7 7-11

( ) ( ) ( ) Self-Aware

( ) ( ) ( ) Denial

( ) ( ) ( ) Some Insight

11-7 RN

7-7 RN

7-11 RN

x unable to enter  
remains asleep - 12

Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
 DS - Dietary Services, PS - Psychological Services,  
 CS - Clinical Staff (S.W. & Therapist) MD - Physician

Prob. # 1 <u>DANGER TO SELF/OTHERS</u>	Prob. # 2
Prob. # 3	Prob. # 4

Date	Time	Dept.	Prob.	
10/3/99	05 <sup>20</sup>	Nsg		Pt remains in room. Resp even + unlabored. No s/sx distress. Pt has slept throughout night & any complications? Remains on SP II precautions & Q 15 minute visual v/c for pt safety. <u>LRoad</u>

Medication PRN Notes: Patient Name Jim MurphyAtivan 2mg PO

(Medication, Dosage and Route)

was given at 10/3/99 0945

(Date / Time)

Patient Education:

Cooperation in Taking Meds: ☐ Totally Cooperative ☐ Required Verbal Persuasion☒ Other requestedBehaviors/Symptoms Being Treated: anxietyGiven By RJones, LUNPatients Response less agitationRJones, LUN

(Nurse Signature)

10/3/99 1045

(Date / Time)

10-3-99	10 <sup>30</sup>	NSG		Goals Group O.S. has attended & participated. On pt states he feels "close" to goal today "The I maintain my self & to talk to the Dr" <u>NS, LUN, RNC</u>
10-3-99	14 <sup>00</sup>	EC	1	Group therapy: pt attended & provided feedback about feeling related to infidelity. Did not discuss early abuse issue. <u>Patricia</u>

## Glen Oaks Hospital

2434442 AP

MURPHY JEOIDIAH

DR E 5 1 2 1 R 5 5 K  
DR E 5 1 2 1 R 5 5 K

Date	Time	Dept.	Prob.
------	------	-------	-------

Hiran & my PO

was given at

(Date / Time)

**Patient Education:**

Cooperation in Taking Meds: ☐ Totally Cooperative ☐ Required Verbal Persuasion

☒ Other requested

Behaviors/Symptoms Being Treated: agitation

**Given By**

Patients Response Calmer

(Nurse Signature)

(Date / Time)

10/1/99	2100	Nsg	Pt participated and attended O.Sher wrap up therapy Pt describes feeling "jumpy" States high as girlfriend visited. Affect flat Remains on SP11 precautions ± Q 15 min visual V's for pt safety - J. Bachman
10/3/99	2130	Nsg	Pt to nurses desk stating "I'm starting to hear & see things again" Pt states "Copperheads are in that tree over there - they are all balled ↑ around the trunk" Ad Idmodge notified ± new medication orders received. Remains on SP11 precautions ± Q 15 min visual V's for pt safety - J. Bachman

on Oaks  
Hospital

Date	Time	Dept.	Prob.
------	------	-------	-------

Behaviors/Symptoms Being Treated: sleeplessness  
Given By Hoeuge GVN  
Patients Response pt voiced no further complaints  
Hoeuge GVN 10-3-99 2350  
(Nurse Signature) (Date / Time)





# Therapeutic Recreation Participation Record

JURPHY, JEDIDIAH

OR ESTABROOK

OR ESTABROOK

72

11.11.10

*Jedidiah Murphy*

Group(s) / Time(s)

Lifestyle Mgt. 0<sup>th</sup> 2<sup>15</sup> Kinetic Group \_\_\_\_\_ Rec. Group \_\_\_\_\_

## 1. How was group focus related to this patient's treatment plan?

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Inability to cope    | <input checked="" type="checkbox"/> Aggressive outbursts            | <input checked="" type="checkbox"/> Difficulties making decisions              |
| <input checked="" type="checkbox"/> Low self esteem      | <input checked="" type="checkbox"/> Difficulties adapting to change | <input checked="" type="checkbox"/> Disordered thought process                 |
| <input checked="" type="checkbox"/> Impulsive behavior   | <input checked="" type="checkbox"/> Inability to express feelings   | <input checked="" type="checkbox"/> Unable to complete task without assistance |
| <input checked="" type="checkbox"/> Poor Social Skills   | <input checked="" type="checkbox"/> Inability maintain sobriety     | <input checked="" type="checkbox"/> Inability to concentrate                   |
| <input checked="" type="checkbox"/> Suicidal Ideation's  | <input checked="" type="checkbox"/> Inability to solve problems     | <input checked="" type="checkbox"/> Inability to follow instructions           |
| <input checked="" type="checkbox"/> Homicidal Ideation's | <input checked="" type="checkbox"/> Abandonment issues              | <input checked="" type="checkbox"/> High level's of anxiety                    |
| <input checked="" type="checkbox"/> Depression           | <input checked="" type="checkbox"/> Inability to trust others       |  |

## 2. What specific goals were addressed?

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Develop specific, socially acceptable & non-self defeating ways to handle angry feelings. | <input type="checkbox"/> Develop & implement specific coping strategies to resist impulsive urges.     |
| <input type="checkbox"/> Decrease daily level of anxiety by developing positive coping mechanisms.                            | <input type="checkbox"/> Interact socially w/out fear or suspicion being reorted.                      |
| <input type="checkbox"/> Identify potential relapse triggers & develop strategies of dealing with each trigger.               | <input type="checkbox"/> Show limited social functioning by responding approp. to friendly encounters. |
| <input type="checkbox"/> Replace negative & self defeating self-talk with verbalization of realistic & positive messages.     | <input type="checkbox"/> Think more clearly as demonstrated by logical speech.                         |
| <input type="checkbox"/> Make positive statements regarding self & ability to cope with stresses of life.                     | <input type="checkbox"/> Report diminishing or absence of hallucinations and/or delusions.             |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Express, with approp. affect feelings that underlie suicidal ideations.       |

## 3. Symptoms Reported and/or observed:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Suicidal Ideation             | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Impaired Orientation | <input type="checkbox"/> Hostility      |
| <input checked="" type="checkbox"/> Somatic complaints | <input type="checkbox"/> Paranoia         | <input type="checkbox"/> Cognitive Distortion | <input type="checkbox"/> Threats        |
| <input checked="" type="checkbox"/> Self-defeating     | <input type="checkbox"/> Manic Tendencies | <input type="checkbox"/> Minimization         | <input type="checkbox"/> Sleeplessness  |
| <input checked="" type="checkbox"/> Depressed          | <input type="checkbox"/> Tremulousness    | <input type="checkbox"/> Denial               | <input type="checkbox"/> Disorientation |
| <input checked="" type="checkbox"/> Hiding             | <input type="checkbox"/> Shakiness        | <input type="checkbox"/> Chem. Abuse          | <input type="checkbox"/> Hallucinating  |
| <input type="checkbox"/> Homicidal Ideation            | <input type="checkbox"/> Phobias          | <input type="checkbox"/> Delusional           | <input type="checkbox"/> Labile         |
| <input type="checkbox"/> Angry outbursts               | <input type="checkbox"/> Panic            | <input type="checkbox"/> Anxious              | <input type="checkbox"/> Other: _____   |

## 4. Patient response / staff assessment:

- |                                    |                                     |                                    |   |   |
|------------------------------------|-------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Supportive | <input type="checkbox"/> Guarded   | <input checked="" type="checkbox"/> Drowsy    | <input type="checkbox"/> Disinterested          |
| <input type="checkbox"/> Sharing   | <input type="checkbox"/> Intrusive  | <input type="checkbox"/> Resistant | <input checked="" type="checkbox"/> Withdrawn | <input type="checkbox"/> Attempts to monopolize |
| <input type="checkbox"/> Negative  | <input type="checkbox"/> Defensive  | <input type="checkbox"/> Positive  | <input type="checkbox"/> No disclosure        | <input type="checkbox"/> Receptive to feedback  |

*Placed flat - it seemed to be very uncomfortable - it  
tired - needed constant monitoring to maintain  
attention - it could not fall asleep easily -*

## 5. Plan: *bit A.*

STAFF SIGNATURE: *[Signature]*

DATE: *10/4/10*



# Patient Assessment and Activity Record For

Case 3:05-cv-00533 Document 12-1 Filed 05/05/10 Page 518 of 548 PageID 8976

Record For 10/1/99

MURPHY JEDIDIAH

OR ESTABROOK

OR ESTABROOK

7272

## Hygiene & ADL

11-7 7-3 3-11

(V) ( ) ( ) Independent

## If functioning not independent:

### Personal Care Provided

11-7 7-3 3-11

( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

### Elimination

Incont. = I, Void = V, Stool = BM

11-7 7-3 3-11

Weight: \_\_\_\_\_ (M & Th 3-11)

### Lab Services

Admit Profile

Drawn

Sent

Blood

Urine

Hr. / T / P / R / BP

Hr. / T / P / R / BP

Hr. / T / P / R / BP

### DX Test/Treatments

Test Time

Test Time

### Nutritional (Eating)

7a 12p 5p

( ) ( ) ( ) Refused Meal

( ) ( ) ( ) 25%

( ) ( ) ( ) 50%

( ) ( ) ( ) 75%

(V) (V) ( ) 100%

## Motivation Level to Attend

### Therapy & Activities

7-3 3-11

( ) ( ) ( ) Self motivated  
(V) ( ) ( ) Needs Reminders  
(V) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

### Precautions

11-7 7-3 3-11

( ) ( ) ( ) 1:1\*

( ) ( ) ( ) SPI\*

(V) (V) (V) SPI

( ) ( ) ( ) EP

( ) ( ) ( ) Seizure

( ) ( ) ( ) Detox

( ) ( ) ( ) R.T.F.

( ) ( ) ( ) Seclusion\*

( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

## Intervention

11-7 7-3 3-11

( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) (V) (V) Support

## Sleep Pattern

11-7 7-3 3-11

(V) 8 hours uninterrupted  
( ) Out of bed # \_\_\_\_\_ times  
( ) Difficulty Falling to Sleep  
( ) Restless

## Education

Orientation: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Medication: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Disease: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Coping Skills: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Education Materials: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature & title staff/11-7

Signature & title staff/7-3

Signature & title staff/3-11

## Assessment

by RN

### Affect

11-7 7-3 3-11

( ) ( ) ( ) Bright  
( ) (V) (V) Flat  
( ) ( ) ( ) Blunted  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Apathetic  
( ) ( ) ( ) Restricted

### Thought Process

11-7 7-3 3-11

( ) ( ) ( ) Organized  
( ) (V) (V) Preoccupied  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Concrete

## Behavior

11-7 7-3 3-11

( ) (V) (V) Impulsive  
( ) ( ) ( ) Agitated  
( ) ( ) ( ) Uncooperative  
( ) ( ) ( ) Self-Destructive  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Violent  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Inappropriate  
( ) (V) (V) Anxious  
( ) (V) (V) Withdrawn  
( ) (V) (V) Restless

## Cognition

11-7 7-3 3-11

( ) ( ) ( ) Oriented x 3  
( ) ( ) ( ) Disoriented

## Social

11-7 7-3 3-11

( ) ( ) ( ) Appropriate  
( ) ( ) ( ) Withdrawn  
( ) (V) (V) Attention Seeking  
( ) (V) (V) Manipulative  
( ) ( ) ( ) Reclusive

## Physical Status

Abnormal findings\*

11-7 7-3 3-11

( ) ( ) ( ) Skir  
( ) ( ) ( ) Neuro-Muscular  
( ) ( ) ( ) Cardio-Vascular  
( ) ( ) ( ) Respiratory  
( ) ( ) ( ) Gastrointestinal  
( ) ( ) ( ) Genitourinary  
( ) ( ) ( ) Seeks Meds  
( ) ( ) ( ) Somatic Complaints

## Mood

11-7 7-3 3-11

( ) (V) (V) Depressed  
( ) ( ) ( ) Elated  
( ) (V) (V) Irritable  
( ) ( ) ( ) Anxious  
( ) (V) (V) Angry  
( ) ( ) ( ) Guilty

## Alertness

11-7 7-3 3-11

( ) (V) (V) Alertness  
( ) ( ) ( ) Slight Drowsy  
( ) ( ) ( ) Lethargic  
( ) ( ) ( ) Hyper-Alert

## Insight

11-7 7-3 3-11

( ) ( ) ( ) Self-Aware  
( ) ( ) ( ) Denial  
( ) (V) (V) Some Insight

11-7 RN

7-3 RN

3-11 RN



Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Prob. # 3	Danger to Self/Others	Prob. # 2
		Prob. # 4

Date	Time	Dept.	Prob.
10/4/99	0530	NSG	<p>Pt remains in room. Resp even + unlabored.</p> <p>Pt has slept throughout night &amp; clo.</p> <p>Remains on SPII precautions &amp; @ 15 min visual v/s for pt safety.</p> <p><i>[Signature]</i></p>
10/4/99	0915	NSG	<p>Attended Gorb's Group x 0.5 hr. C/o being "jumpy", nervous, and restless. Gorb is to not get "tackled" and stay in Control. Plan is to talk to the doctor &amp; get medication change. He feels his meds are not working. Having a problem staying in Control of his behavior.</p> <p><i>[Signature]</i></p>
10/4/99	1115	CS	<p>Pt. discussed events leading to recent relapse. "I know I can't miss my meds, and I need a support group &amp; Pt. demonstrates the understanding necessary to stabilize <sup>every</sup> life outside hospital. Pt. has made plans to attend MMR group in Terrell, TX, with friend." <i>[Signature]</i></p>

Glen Oaks  
Hospital

# MULTIDISCIPLINARY PROGRESS NOTES

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
 DS - Dietary Services, PS - Psychological Services,  
 CS - Clinical Staff (S.W. & Therapist) MD - Physician

248442 AP  
 MURPHY JEDIDIAH  
 1/3/11  
 DR ESTABROOK  
 DR ESTABROOK

Date Time Dept. Prob.

Medication PRN Notes: Patient Name John Murphy

ATivan 2mg PO  
 (Medication, Dosage and Route)

was given at 10/4/99 0715  
 (Date / Time)

Patient Education:

Cooperation in Taking Meds: ☐ Totally Cooperative ☐ Required Verbal Persuasion  
☒ Other Reluctant

Behaviors/Symptoms Being Treated: C/O Anxiety

Given By C. Coughlin

Patients Response O/S anxiety noted

C. Coughlin 10/4/99 1045  
 (Nurse Signature) (Date / Time)

10/4/99	CS	Group-pt. sat in group - Cap pulled over eyes. As the group discussed obsessing over old anger/wounds in the past, pt. acknowledged that he has difficulty with that. Pt. left group early. Glnk medms.
10/4/99	NG	Pt participated & attended O.S. his wrap up therapy. Described feeling "sleepy, happy". Affect flat. Remains on SP11. Rec - 0.13 min. Visited for safety - C. Coughlin

Medication PRN Notes: Patient Name Jim Murphy

Ativan 2mg PO  
 (Medication, Dosage and Route)

was given at 10-4-99 1730  
 (Date / Time)

Patient Education:

Cooperation in Taking Meds: ☒ Totally Cooperative ☐ Required Verbal Persuasion  
☐ Other reg med

Behaviors/Symptoms Being Treated: Anxiety

Given By C. Coughlin

Patients Response Med effective

C. Coughlin  
 (Nurse Signature)

10-4-99 1700  
 (Date / Time)

# Patient Assessment and Activity Record For 101 5199

Case 3:10-cv-00163-N Document 42-14 Filed 05/05/10 Page 521 of 548 PageID 8979

MURPHY JEDIDIAH  
11-7 7-3 3-11  
OR ESTABROOK  
OR ESTABROOK  
7-7-2  
003

Hygiene & ADL  
11-7 7-3 3-11  
( ) ( ) ( ) Independent

0810 87 84 14 148  
Hr. / T / P / R / BP

If functioning not independent:  
Personal Care Provided  
11-7 7-3 3-11  
( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

Elimination  
Incont. = I, Void = V, Stool = BM  
11-7 7-3 3-11

Weight: \_\_\_\_\_ (M & Th 3-11)

Lab Services  
Admit Profile Drawn Sent  
Blood \_\_\_\_\_  
Urine \_\_\_\_\_

Hr. / T / P / R / BP

Hr. / T / P / R / BP

DX Test/Treatments

Test Time  
Test Time

Nutritional (Eating)  
7a 12p 5p  
( ) ( ) ( ) Refused Meal  
( ) ( ) ( ) 25%  
( ) ( ) ( ) 50%  
( ) ( ) ( ) 75%  
( ) ( ) ( ) 100%

Motivation Level to Attend  
Therapy & Activities  
7-3 3-11

( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

Precautions

11-7 7-3 3-11  
( ) ( ) ( ) 1:1\*  
( ) ( ) ( ) SP I\*  
( ) ( ) ( ) SP II  
( ) ( ) ( ) E.P.  
( ) ( ) ( ) Seizure  
( ) ( ) ( ) Detox  
( ) ( ) ( ) R.T.F.  
( ) ( ) ( ) Seclusion\*  
( ) ( ) ( ) Restraints\*  
\* requires progress note for additional information

Intervention

11-7 7-3 3-11  
( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

Sleep Pattern

11-7 7-3 3-11  
( ) ( ) ( ) 6 1/2 hours uninterrupted  
( ) ( ) ( ) Out of bed # 0 times  
( ) ( ) ( ) Difficulty Falling to Sleep  
( ) ( ) ( ) Restless

## Education

Orientation: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Medication: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Disease: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Coping Skills: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Education Materials: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature & title staff 11-7

Signature & title staff 7-3

Signature & title staff 3-11

## Assessment by RN

Affect  
11-7 7-3 3-11  
( ) ( ) ( ) Bright  
( ) ( ) ( ) Flat  
( ) ( ) ( ) Blunted  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Apathetic  
( ) ( ) ( ) Restricted

Thought Process  
11-7 7-3 3-11  
( ) ( ) ( ) Organized  
( ) ( ) ( ) Preoccupied  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Concrete

## Behavior

11-7 7-3 3-11  
( ) ( ) ( ) Impulsive  
( ) ( ) ( ) Agitated  
( ) ( ) ( ) Uncooperative  
( ) ( ) ( ) Self-Destructive  
( ) ( ) ( ) Disorganized  
( ) ( ) ( ) Violent  
( ) ( ) ( ) Hostile  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Inappropriate  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Restless

## Cognition

11-7 7-3 3-11  
( ) ( ) ( ) Oriented x 3  
( ) ( ) ( ) Disoriented

## Social

11-7 7-3 3-11  
( ) ( ) ( ) Appropriate  
( ) ( ) ( ) Withdrawn  
( ) ( ) ( ) Attention Seeking  
( ) ( ) ( ) Manipulative  
( ) ( ) ( ) Reclusive

## Physical Status

✓ Abnormal findings\*  
11-7 7-3 3-11  
( ) ( ) ( ) Skin  
( ) ( ) ( ) Neuro-Muscular  
( ) ( ) ( ) Cardio-Vascular  
( ) ( ) ( ) Respiratory  
( ) ( ) ( ) Gastrointestinal  
( ) ( ) ( ) Genitourinary  
( ) ( ) ( ) Seeks Meds  
( ) ( ) ( ) Somatic Complaints

## Mood

11-7 7-3 3-11  
( ) ( ) ( ) Depressed  
( ) ( ) ( ) Elated  
( ) ( ) ( ) Irritable  
( ) ( ) ( ) Anxious  
( ) ( ) ( ) Angry  
( ) ( ) ( ) Guilty  
Alertness  
( ) ( ) ( ) Alertness  
( ) ( ) ( ) Slight Drowsy  
( ) ( ) ( ) Lethargic  
( ) ( ) ( ) Hyper-Alert

## Insight

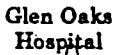
11-7 7-3 3-11  
( ) ( ) ( ) Self-Aware  
( ) ( ) ( ) Denial  
( ) ( ) ( ) Some Insight

11-7 RN *[Signature]*

7-3 RN *[Signature]*

3-11 RN *[Signature]*





**Prob. # 1**

**Prob. # 2**

**ju. # 3**

**Prob. #4**

Date	Time	Dept.	Prob.	
10/5/99	0804	NS		Laying on bed & closed + snoring. Remains on SP II + Q15 Visual Safety Check ————— K Derby RN
5/99	0915	NS	6	Attended Deak Group x 0.5 hr. 3 hrs he is elated, happy. Deak is to get out tonight or early tomorrow. Plan is to talk to doctor about leaving. And deal with the funeral tomorrow. Gossamer inevitable in people. Statements short. Concerned about the status of his leaving. Pt. who pt attended but did not participate w/ Mr. Mrs. Piness (Sp. on agenda). pt listened attentively but did not contribute to discussion. In Starbucks due to pt. BCL
05/99	1600	CS	1	Group Therapy (thr): Pt tended to be very negative & filled w/ sarcasm & pessimism. <del>Habitual humor</del>
10/5/99	1800	NS		Pt. asked if he was going to be released to go to his grandmother's funeral" on 10/6/99. Pt. asked to call Terrell MHMR to schedule appt. after D/C. Pt. states: "I will call them in the morning before leave." Pt. pleased about Sam D/C plans for 10/6/99. Interacting appropriately this shift. (Remains) on SP II @ 915" V's for safety. M. Cunningham RN



**Glen Oaks  
Hospital**

**MULTIDISCIPLINARY  
PROGRESS NOTES**

NS -Nursing, ED - Teacher/Aide, PA. Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

Date	Time	Dept.	Prob.	
1/5/99	2015	NSG		Attended wrapup 0.5 hrs. Interacted appropriately. Remains on SP II - g15" vs Jovagety, M. Warmingk.

Medication PRN Notes: Patient Name Jim Murphy  
Morley 30cc PO was given at 10-5-99 2:00  
(Medication, Dosage and Route) (Date / Time)

— Patient Education: \_\_\_\_\_  
Cooperation in Taking Meds: ☒ Totally Cooperative ☐ Required Verbal Persuasion

☐ Other reg. med.  
 Behaviors/Symptoms Being Treated: indigestion  
 Patients Response No further c/o indigestion at this time  
 Given By B. Rutterku  
B. Rutterku 10-5-99 2:30 PM  
 (Nurse Signature) (Date / Time)

Medication PRN Notes: Patient Name Jim Murphy  
Krazadone 100 mg PO was given at 10-5-99 3:30  
 (Medication, Dosage and Route) (Date / Time)

Patient Education: \_\_\_\_\_  
Cooperation in Taking Meds: ☒ Totally Cooperative ☐ Required Verbal Persuasion  
☒ Other see med h

Behaviors/Symptoms Being Treated: insomnia

Given By B. Butler

Patients Response pt sitting in day room

B. Butler 10-5-99 2345

(Nurse Signature) (Date / Time)



# Patient Assessment and Activity Record For 10/06/99

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2434442

AP

MURPHY JEOIDIAH

DR ESTABROOK

DR ESTABROOK

## Hygiene & ADL

11-7 7-3 3-11

( ) ( ) ( ) Independent

## If functioning not independent:

### Personal Care Provided

11-7 7-3 3-11

( ) ( ) ( ) Bed Bath  
( ) ( ) ( ) Partial Bath  
( ) ( ) ( ) Shower  
( ) ( ) ( ) A.M. Care  
( ) ( ) ( ) P.M. Care

## Elimination

Incont. = I, Void = V, Stool = BM

11-7 7-3 3-11

Weight: \_\_\_\_\_ (M & Th 3-11)

## Lab Services

Admit Profile Drawn Sent

Blood \_\_\_\_\_

Urine \_\_\_\_\_

Hr. / T / P / R / BP

Hr. / T / P / R / BP

Hr. / T / P / R / BP

## DX Test/Treatments

Test Time

Test Time

## Nutritional (Eating)

7a 12p 5p

( ) ( ) ( ) Refused Meal

( ) ( ) ( ) 25%

( ) ( ) ( ) 50%

( ) ( ) ( ) 75%

( ) ( ) ( ) 100%

## Movation Level to Attend

### Therapy & Activities

7-3 3-11

( ) ( ) ( ) Self motivated  
( ) ( ) ( ) Needs Reminders  
( ) ( ) ( ) Frequently Tardy  
( ) ( ) ( ) Some Refused\*  
( ) ( ) ( ) Refused All\*

## Precautions

11-7 7-3 3-11

( ) ( ) ( ) 1:1\*

( ) ( ) ( ) SPI\*

( ) ( ) ( ) SPI II

( ) ( ) ( ) EP

( ) ( ) ( ) Seizure

( ) ( ) ( ) Detox

( ) ( ) ( ) R.T.F.

( ) ( ) ( ) Seclusion\*

( ) ( ) ( ) Restraints\*

\* requires progress note for additional information

## Intervention

11-7 7-3 3-11

( ) ( ) ( ) Clarification  
( ) ( ) ( ) Limit-Setting  
( ) ( ) ( ) Confirmation  
( ) ( ) ( ) Problem Solving  
( ) ( ) ( ) Socialization  
( ) ( ) ( ) Role Playing  
( ) ( ) ( ) Orientation  
( ) ( ) ( ) Activity  
( ) ( ) ( ) Education  
( ) ( ) ( ) Journaling  
( ) ( ) ( ) Re-Directing  
( ) ( ) ( ) Support

## Sleep Pattern

11-7

( ) ( ) ( ) hours uninterrupted

( ) ( ) ( ) Out of bed # times

( ) ( ) ( ) Difficulty Falling to Sleep

( ) ( ) ( ) Restless

## Education

Orientation: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Medication: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Disease: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Coping Skills: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Education Materials: \_\_\_\_\_

☐ Patient ☐ Family Significant/Other: \_\_\_\_\_

Signature & title staff 11-7

Signature & title staff 7-3

Signature & title staff 3-11

## Assessment by RN

### Affect

11-7 7-3 3-11

( ) ( ) ( ) Bright

( ) ( ) ( ) Flat

( ) ( ) ( ) Blunted

( ) ( ) ( ) Hostile

( ) ( ) ( ) Apathetic

( ) ( ) ( ) Restricted

### Thought Process

11-7 7-3 3-11

( ) ( ) ( ) Organized

( ) ( ) ( ) Preoccupied

( ) ( ) ( ) Disorganized

( ) ( ) ( ) Concrete

## Behavior

11-7 7-3 3-11

( ) ( ) ( ) Impulsive

( ) ( ) ( ) Agitated

( ) ( ) ( ) Uncooperative

( ) ( ) ( ) Self-Destructive

( ) ( ) ( ) Disorganized

( ) ( ) ( ) Violent

( ) ( ) ( ) Hostile

( ) ( ) ( ) Manipulative

( ) ( ) ( ) Inappropriate

( ) ( ) ( ) Anxious

( ) ( ) ( ) Withdrawn

( ) ( ) ( ) Restless

## Cognition

11-7 7-3 3-11

( ) ( ) ( ) Oriented x 3

( ) ( ) ( ) Disoriented

## Social

11-7 7-3 3-11

( ) ( ) ( ) Appropriate

( ) ( ) ( ) Withdrawn

( ) ( ) ( ) Attention Seeking

( ) ( ) ( ) Manipulative

( ) ( ) ( ) Reclusive

## Physical Status

✓ Abnormal findings\*

11-7 7-3 3-11

( ) ( ) ( ) Skin

( ) ( ) ( ) Neuro-Muscular

( ) ( ) ( ) Cardio-Vascular

( ) ( ) ( ) Respiratory

( ) ( ) ( ) Gastrointestinal

( ) ( ) ( ) Genitourinary

( ) ( ) ( ) Seeks Meds

( ) ( ) ( ) Somatic Complaints

## Mood

11-7 7-3 3-11

( ) ( ) ( ) Depressed

( ) ( ) ( ) Elated

( ) ( ) ( ) Irritable

( ) ( ) ( ) Anxious

( ) ( ) ( ) Angry

( ) ( ) ( ) Guilty

## Alertness

( ) ( ) ( ) Alertness

( ) ( ) ( ) Slight Drowsy

( ) ( ) ( ) Lethargic

( ) ( ) ( ) Hyper-Alert

## Insight

11-7 7-3 3-11

( ) ( ) ( ) Self-Aware

( ) ( ) ( ) Denial

( ) ( ) ( ) Some Insight

11-7 RN K. Dealy RN

7-3 RN J. Canby

3-11 RN



Case 3:10-cv-00163-N Document 42

**MULTIDISCIPLINARY  
PROGRESS NOTES**

NS - Nursing, ED - Teacher/Aide, PA - Physician Assistant  
DS - Dietary Services, PS - Psychological Services,  
CS - Clinical Staff (S.W. & Therapist) MD - Physician

1		Dangers to Self & Others		Prob. # 2	
Prob. # 3				Prob. # 4	
Date	Time	Dept.	Prob.		

Medication PRN Notes: Patient Name Jedidiah Murphy  
Ativan 10 mg PO was given at 10/5/95 0230  
 (Medication, Dosage and Route) (Date / Time)

**Patient Education:**

Cooperation in Taking Meds: ☒ Totally Cooperative ☐ Required Verbal Persuasion

☐ Other

Behaviors/Symptoms Being Treated: ↑ anxiety ↑ agitation

Attend Lesson in a.m. Given By Klaus VV

Patients Response med effective  
bb Klarissa W. 10/5/99 2400  
 (Nurse Signature) (Date / Time)

10/6/99	B500	NS	Laying on bed - eyes closed & snoring. Remains on SPII + Vision. Visual Safety Checks. ————— K. Deby RN
199	NS6		Pt DLK & all personal belongings + RX at the time. Pt is to follow up @ TMHMRP/11/99. DHM/ERN



# PHYSICIAN'S ORDER (Inpatient)

21712 AP  
MURPHY JEDIDIAH  
MAY 5 2010

Orders:

Admit to: ☒ Adult Care ☐ Special Care ☐ Youth Care ☐ Children

Admitting Diagnosis: MDD, Rec, Severe - Ryan - father

Diet: ☒ Regular ☐ Special/Specify type: \_\_\_\_\_

Exam: ☐ H&P ☒ Defer H&P/less than 30 days

Allergies: Iodine

## Laboratory Studies:

☒ Admit Profile (CBC, Chemistry, Auto) ☒ DST ☐ Pregnancy Test, Urine  
☐ RPR ☐ Comp Thyroid ☒ TSH ☒ Urinalysis ☐ \_\_\_\_\_  
☐ \_\_\_\_\_ ☐ \_\_\_\_\_

Misc./Specify with Justification: \_\_\_\_\_

## PRN Meds:

<input checked="" type="checkbox"/> Tylenol 325 mg x2 PO Q 6 hr PRN for Pain	<input type="checkbox"/> Tylenol 325 mg x1 PO Q 6 hr PRN for Pain
<input checked="" type="checkbox"/> MOM 30 cc PO Q 6 hr PRN for Laxative	<input type="checkbox"/> MOM 15 cc PO Q 6 hr PRN for Laxative
<input checked="" type="checkbox"/> Advil 200 mg x2 PO Q 6 hr PRN for Pain	<input type="checkbox"/> Advil 200 mg x1 PO Q 6 hr PRN for Pain
<input checked="" type="checkbox"/> Maalox 30 cc PO Q 6 hr PRN for Antacid	<input type="checkbox"/> Maalox 15 cc PO Q 6 hr PRN for Antacid

Special ☐ SP I ☒ SP II ☐ EP ☐ Detox Protocol ☐ Seizure ☐ RTF 1, ☐ RTF 2

## Precautions:

Due To: \_\_\_\_\_

Restrictions/Privileges: \_\_\_\_\_

## Signatures:

Ordering Physician \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

T.O/V.O. by Nurse \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: M. Pramen, MD Date 9-30-99 Time 4P

Noted R. Jones, LVN Date 9/30/99 Time 1830

USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

INSTRUCTIONS: AFTER PHYSICIAN WRITES A MEDICATION ORDER:  
1. Remove yellow and pink copies.  
2. Dispatch yellow copy to the Pharmacy and the pink copy to the Medication Nurse.  
3. After copy 3 is used "X" out remaining unused lines.  
(IMPRINT PATIENT'S PLATE HERE)

# PHYSICIAN'S ORDER

ALLERGIES: \_\_\_\_\_ Pt. Wt. \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

TRANSFER TO \_\_\_\_\_

DATE ORDERED TIME ORDERS: ANOTHER BRAND OF A GENERICALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)

9/30/99 4/17 (1) Admit to AP under Dr. ESTABROOK  
✓ (2) Haldol 5mg, PO, upon arrival on the unit.  
✓ (3) Seroquel 200mg, PO, Qhs.  
✓ (4) Effexor XR 150mg, PO, QAM  
✓ (5) Ativan 2mg, PO, PRN, Q6<sup>h</sup> for anxiety/agitation.  
✓ (6) Trazodone 100mg, PO, hs, PRN, for insomnia.

M. Pramen, MD

noted!

9/30/99 1845 1845, LUV

10-1-99 1900 Seroquel 100mg po p breakfast, p lunch + 200mg qhs  
DEPAKOTE 250mg po QID

Noted  
Betty Luster  
10-1-99  
1930

Wm Estabrook MD

YOUR ORDERS FOR THE FOLLOWING MEDICATIONS WILL EXPIRE 10/3/99 DO YOU WISH TO CONTINUE THESE MEDICATIONS?

YES	MEDICATION	NO
<input checked="" type="checkbox"/>	Ativan 2mg PO	<input type="checkbox"/>
<input checked="" type="checkbox"/>	SPII	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Wm Estabrook MD M.D.  
10-4-99 (dated)

USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

## INSTRUCTIONS:

- AFTER PHYSICIAN WRITES A MEDICATION ORDER:  
1. Remove yellow and pink copies.  
2. Dispatch yellow copy to the Pharmacy and the pink copy to the Medication Nurse.  
3. After copy 3 is used "X" out remaining unused lines.  
(IMPRINT PATIENT'S PLATE HERE)

## PHYSICIAN'S ORDER

ALLERGIES:

Pt. Wt.

TRANSFER  
TO

DATE ORDERED	TIME	ORDERS: ANOTHER BRAND OF A GENERALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)	→	✓															
10/3/99	2240	<p>pt may have Haldol 5mg po now x1. May repeat Q 4<sup>h</sup> throughout the night. Discontinue @ 0800 am 10/4/99. T.O. Dr. [Signature] L. Roach avoid [Signature] 10/4/99 0005.</p>																	
0-4-99	1845	<p>HALDOL 5mg po qhs DC HS Seroquel Lower Depakote to 250mg po TID p meals Lower Effor-xa to 75mg po p breakfast Noted [Signature] will [Signature] MD pretty 10-4-99 1900</p>																	
<div style="border: 1px solid black; padding: 5px;"> <p>YOUR ORDERS FOR THE FOLLOWING MEDICATIONS WILL EXPIRE <u>10-6-99</u> DO YOU WISH TO CONTINUE THESE MEDICATIONS?</p> <table border="1"> <thead> <tr> <th>YES</th> <th>MEDICATION</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>SPII</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ativan 2mg PO PRN</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><u>William [Signature] M.D.</u> 10-6-99 (dated)</p> </div>					YES	MEDICATION	NO	<input type="checkbox"/>	SPII	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ativan 2mg PO PRN	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
YES	MEDICATION	NO																	
<input type="checkbox"/>	SPII	<input checked="" type="checkbox"/>																	
<input type="checkbox"/>	Ativan 2mg PO PRN	<input checked="" type="checkbox"/>																	
<input type="checkbox"/>		<input type="checkbox"/>																	
<input type="checkbox"/>		<input type="checkbox"/>																	

NO. OF ORDERS REMAINING

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS

USE MEDIUM BALLPOINT  
PEN AND PRESS FIRMLY

## INSTRUCTIONS:

- AFTER PHYSICIAN WRITES A MEDICATION ORDER:  
 1. Remove yellow and pink copies.  
 2. Dispatch yellow copy to the Pharmacy and the pink copy to the Medication Nurse.  
 3. After copy 3 is used "X" out remaining unused lines.  
 (IMPRINT PATIENT'S PLATE HERE)

# PHYSICIAN'S ORDER

ALLERGIES:

Pt. Wt.

TRANSFER TO

1

2

3

DATE ORDERED

TIME

ORDERS:

ANOTHER BRAND OF A GENERALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT(S) MAY BE ADMINISTERED UNLESS CHECKED. (✓)

10/6/99  
0730

- (1) DC pt today  
 (2) DC precautions  
 (3) Aftercare through Terrell Manor  
 (4) DC MEDS -

Serquel 100mg po p breakfast + p lunch  
 Haldol 5mg po q 4hs  
 Depakote 250mg po BID p meals  
 Effor K.C. 75mg po p breakfast

- (5) DC Diagnosis  
 Bipolar II Disorder (Depressed) Episode severe  
 C suicidal thoughts 296.89  
 Dissociative Identity Disorder 300.14  
 Poly substance dependence  
 DC GAF 30-40

TU. Dr. Estabruk/DR

Wm. Estabruk MD

10-6-99

0915

10/6/99  
0730

NO. OF ORDERS REMAINING

RED NUMBERS MUST SHOW  
THROUGH HOLE  
BEFORE DOCTOR WRITES ORDERS



NorthSTAR Behavioral Health



BIN # 900020 PCN # CLAIMWT Submitted Group # STAR  
 Claims Processor: ClaimRx MIM Health Plans, Inc.  
 For claims processing questions, please call: 1-800-213-5640

For JEDIDIAH MURPHY D.O.B. 9-1-75  
 Address 6305 FM 429 KAUFMAN TX 75142  
 NorthSTAR ID # A1103713 Date 10-6-99

Identify BHO: ☐ Magellan (082) ☒ Value Options (085)

Rx DEPAKOTE 250 mg po

Sig: T pill po TID meals

Disp: #90

Refill 2 Times Medicaid # P0005839 DEA #

Dr. William Estabrook MD Dr.   
 Product Selection Permitted Dispense As Written

Print Name William Estabrook Phone # 903-454-6000

Address 301 E Division St Greenville TX

NorthSTAR Behavioral Health



BIN # 900020 PCN # CLAIMWT Submitted Group # STAR  
 Claims Processor: ClaimRx MIM Health Plans, Inc.  
 For claims processing questions, please call: 1-800-213-5640

For JEDIDIAH MURPHY D.O.B. 9-1-75  
 Address 6305 FM 429 KAUFMAN TX 75142  
 NorthSTAR ID # A1103713 Date 10-6-99

Identify BHO: ☐ Magellan (082) ☒ Value Options (085)

Rx SEROQUEL 100mg po

Sig: T pill po q 9AM + 93PM

Disp: #60

Refill 2 Times Medicaid # P0005839 DEA #

Dr. William Estabrook MD Dr.   
 Product Selection Permitted Dispense As Written

Print Name William Estabrook Phone # 903-454-6000

Address 301 E Division St Greenville TX

JEDIDIAH

ESTABROOK

ESTABROOK

72

2/1/15

NorthSTAR Behavioral Health

BIN # 900020 PCN # CLAIMWT Submitted Group # STAR  
 Claims Processor: ClaimRx MIM Health Plans, Inc.  
 For claims processing questions, please call: 1-800-435-5640

For JEDIDIAH MURPHY D.O.B. 9-1-75

Address 6305 FM 429 KAUFMAN TX 75142

NorthSTAR ID # A1103713 Date 10-6-99

Identify BHO: ☐ Magellan (082) ☒ Value Options (085)

Rx HALOOL 5mg P.O.

Sig: 1 pill po qds

Disp: # 30

Refill 2 Times Medicaid # P000EGS39 DEA # A6931851

Dr. William Estabrook MD Dr.

Product Selection Permitted

Dispense As Written

Print Name William ESTABROOK MD Phone # 903-454-6000

Address 301 E DIVISION GREENVILLE TX

NorthSTAR Behavioral Health

BIN # 900020 PCN # CLAIMWT Submitted Group # STAR  
 Claims Processor: ClaimRx MIM Health Plans, Inc.  
 For claims processing questions, please call: 1-800-213-5640

For JEDIDIAH MURPHY D.O.B. 9-1-75

Address 6305 FM 429 KAUFMAN TX 75142

NorthSTAR ID # A1103713 Date 10-6-99

Identify BHO: ☐ Magellan (082) ☒ Value Options (085)

Rx EFFEXOR-XR 150mg PO

Sig: 1 capsule po p breakfast

Disp: # 30

Refill 2 Times Medicaid # P000EGS39 DEA #

Dr. William Estabrook MD Dr.

Product Selection Permitted

Dispense As Written

Print Name William ESTABROOK MD Phone # 903-454-6000

Address 301 E DIVISION ST GREENVILLE TX

JEDIDIAH MURPHY

DR ESTABROOK

DR ESTABROOK

7272

000 411/75



# Consent to Treatment with Psychoactive Medication

27-1112 AP  
MURPHY JEDIDIAH  
ESTABLISHED  
ESTABLISHED

The Individual Jim Murphy being served at Glen Oaks Hospital, on 10-1-94  
(Date)  
has received a complete explanation of: Meredith Stalder  
Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate accomplishment by a ✓ mark
1. The nature of his/her mental and physical condition.	✓
2. The expected beneficial effects on his/her condition as a result of treatment with the medication(s).	✓
3. The probable health and mental health consequences of not taking the medication, including the occurrence, increase, or reoccurrence of symptoms of mental illness.	✓
4. The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	✓
5. A description of the proposed course of treatment with the medication(s).	✓
6. The fact that side effects varying degrees of severity are a risk of all medications.	✓
7. The relevant side effects of the medication(s) being prescribed are explained, including: <ul style="list-style-type: none"> <li>Any side effects which are known to frequently occur in most individuals;</li> <li>Any side effects to which the individual may be predisposed;</li> <li>The nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.</li> </ul>	✓
8. The need to advise staff immediately if any of these side effects occur.	✓
9. An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	✓
10. A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1).	✓
11. An offer to answer any questions concerning this treatment.	✓

I have read and received a complete explanation of the psychoactive medication(s) by means of:  
(✓those appropriate) ☒ Oral explanation, ☐ Printed material Other \_\_\_\_\_

(Specify)

# Consent to Treatment with Psychoactive Medication

I have also received the Consent to Treatment with Psychoactive Medication Information Sheet (9-7.1 or 9-7.2) and the related material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group (as indicated on the front of this form). I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I must continue taking the psychoactive medication prescribed by my physician.

I understand that if I have been committed under provisions other than those found in the Texas Mental Health Code (i.e., the Code of Criminal Procedures, Family Code) the decision to administer psychoactive medication is within the discretion of the doctor during the first 14 days of my commitment. If I do not wish to take the medication, it may still be given to me if the doctors concur despite my objection.

[Signature] Date 10-1-99

Representative Relationship to Patient Date  
[Signature] 10-1-99  
 Physician, P.A., R.Ph., RN or LVN Giving Explanation Date  
[Signature] 10-1-99

Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN  
 Required within two working days of P.A., R.Ph., RN or LVN giving explanation) Date

## CONSENT FOR TREATMENT INVOLVING A MINOR:

For this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- Name of one or both parents, if known: \_\_\_\_\_
- Name of legally authorized representative of person, if appointed: \_\_\_\_\_
- Date on which treatment is to begin: \_\_\_\_\_

## WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for \_\_\_\_\_  
 (Name of Psychoactive Medication or Medication Group)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



# Consent to Treatment with Psychoactive Medication

MURPHY JEDIDIAH  
OR ESTABROOK  
OR ESTABROOK

The Individual \_\_\_\_\_, being served at Glen Oaks Hospital, on 9/30/99  
(Date)  
has received a complete explanation of: Anxiolytic / Sedative Hypnotic  
Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate accomplishment by a ✓ mark
1. The nature of his/her mental and physical condition.	
2. The expected beneficial effects on his/her condition as a result of treatment with the medication(s).	
3. The probable health and mental health consequences of not taking the medication, including the occurrence, increase, or reoccurrence of symptoms of mental illness.	
4. The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	
5. A description of the proposed course of treatment with the medication(s).	
6. The fact that side effects varying degrees of severity are a risk of all medications.	
7. The relevant side effects of the medication(s) being prescribed are explained, including: <ul style="list-style-type: none"> <li>• Any side effects which are known to frequently occur in most individuals;</li> <li>• Any side effects to which the individual may be predisposed;</li> <li>• The nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.</li> </ul>	
8. The need to advise staff immediately if any of these side effects occur.	
9. An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	
10. A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	
11. An offer to answer any questions concerning this treatment.	

I have read and received a complete explanation of the psychoactive medication(s) by means of:  
(✓those appropriate) ☐ Oral explanation, ☐ Printed material Other \_\_\_\_\_  
(Specify)

I have also received the Consent to Treatment with Psychoactive Medication Information Sheet (9-7.1 or 9-7.2) and the related material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

I understand that if I have been committed under provisions other than those found in the Texas Mental Health Code (i.e., Code of Criminal Procedures, Family Code) the decision to administer psychoactive medication is within the discretion of the doctor during the first 14 days of my commitment. If I do not wish to take the medication, it may still be given to me if the doctors concur despite my objection.

representative	Relationship to Patient	Date
<i>J. Miller RN</i>		<i>9-30-99</i>
an. P.A., R.Ph., RN or LVN Giving Explanation		Date
<i>Mr. E. E. E. MD</i>		<i>10-1-99</i>
Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN required within two working days of P.A., R.Ph., RN or LVN giving explanation)		Date

if this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- WITHDRAWAL OF CONSENT FOR MEDICATION:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



Glen Oaks  
Hospital

# Consent to Treatment with Psychoactive Medication

MURPHY JEDIDIAH  
2000  
1000 - BROOK  
1000 - BROOK

The Individual \_\_\_\_\_, being served at Glen Oaks Hospital, on 9/30/99  
(Date)

has received a complete explanation of: Antipsychotic  
Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate accomplishment by a ✓ mark
1. The nature of his/her mental and physical condition.	
2. The expected beneficial effects on his/her condition as a result of treatment with the medication(s).	
3. The probable health and mental health consequences of not taking the medication, including the occurrence, increase, or reoccurrence of symptoms of mental illness.	
4. The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	
5. A description of the proposed course of treatment with the medication(s).	
6. The fact that side effects varying degrees of severity are a risk of all medications.	
7. The relevant side effects of the medication(s) being prescribed are explained, including: <ul style="list-style-type: none"> <li>Any side effects which are known to frequently occur in most individuals;</li> <li>Any side effects to which the individual may be predisposed;</li> <li>The nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.</li> </ul>	
8. The need to advise staff immediately if any of these side effects occur.	
9. An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	
10. A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	
11. An offer to answer any questions concerning this treatment.	

I have read and received a complete explanation of the psychoactive medication(s) by means of:  
(✓those appropriate) ☐ Oral explanation, ☐ Printed material Other \_\_\_\_\_

(Specify)

# Consent to Treatment with Psychoactive Medication

I have also received the Consent to Treatment with Psychoactive Medication Information Sheet (9-7.1 or 9-7.2) and the material which summarizes specific information regarding the psychoactive medication(s) for which I have given my consent.

Based upon this explanation, I hereby consent to treatment with a specific psychoactive medication or medication group(s) as indicated on the front of this form. I understand that I may withdraw this consent at any time, however a probate court may decide that I lack the capacity to make the decisions whether or not to take the medication(s) and decide that I continue taking the psychoactive medication prescribed by my physician.

I understand that if I have been committed under provisions other than those found in the Texas Mental Health Code (i.e., Code of Criminal Procedures, Family Code) the decision to administer psychoactive medication is within the discretion of the doctor during the first 14 days of my commitment. If I do not wish to take the medication, it may still be given to me if the doctors concur despite my objection.

[Signature] Date 9-30-99

Representative Relationship to Patient Date  
[Signature] RN 9-30-99  
 Physician, P.A., R.Ph., RN or LVN Giving Explanation Date  
Wm. Entabach MD 10-1-99

Signature of Treating Physician to confirm explanation given by P.A., R.Ph., RN or LVN Date  
 required within two working days of P.A., R.Ph., RN or LVN giving explanation

## CONSENT FOR TREATMENT INVOLVING A MINOR:

If this consent is for treatment of a minor under Section 35.01, Texas Family Code, the following information must be provided:

- Name of one or both parents, if known: \_\_\_\_\_
- Name of legally authorized representative of person, if appointed: \_\_\_\_\_
- Date on which treatment is to begin: \_\_\_\_\_

## WITHDRAWAL OF CONSENT FOR MEDICATION:

I formally withdraw my consent for \_\_\_\_\_  
 (Name of Psychoactive Medication or Medication Group)

Signature Date Witness Date



# Consent to Treatment with Psychoactive Medication

MURPHY JEDIDIAH  
JEDIDIAH  
JEDIDIAH  
JEDIDIAH

The Individual \_\_\_\_\_, being served at Glen Oaks Hospital, on 9/30/99  
(Date)

has received a complete explanation of: Antidepressant  
Name of Medication or Medication Group (Class)

The explanation was given to the individual in simple, nontechnical language and included:	Indicate accomplishment by a ✓ mark
1. The nature of his/her mental and physical condition.	
2. The expected beneficial effects on his/her condition as a result of treatment with the medication(s).	
3. The probable health and mental health consequences of not taking the medication, including the occurrence, increase, or reoccurrence of symptoms of mental illness.	
4. The existence of generally accepted alternative forms of treatment, if any, that could reasonably be expected to achieve the same benefits as the medication(s) and why the physician rejects the alternative treatment.	
5. A description of the proposed course of treatment with the medication(s).	
6. The fact that side effects varying degrees of severity are a risk of all medications.	
7. The relevant side effects of the medication(s) being prescribed are explained, including: <ul style="list-style-type: none"> <li>Any side effects which are known to frequently occur in most individuals;</li> <li>Any side effects to which the individual may be predisposed;</li> <li>The nature and possible occurrence of the potentially irreversible symptoms of tardive dyskinesia in some individuals taking neuroleptic medication in large dosages and/or over long periods of time.</li> </ul>	
8. The need to advise staff immediately if any of these side effects occur.	
9. An instruction that the individual may withdraw consent at any time without negative actions on the part of the staff.	
10. A review of Patients' Rights Under the Consent to Treatment with Psychoactive Medication Rule (See MHRS 9-7.1)	
11. An offer to answer any questions concerning this treatment.	

I have read and received a complete explanation of the psychoactive medication(s) by means of:  
(✓those appropriate) ☐ Oral explanation, ☐ Printed material Other \_\_\_\_\_

(Specify)

Clen Oaks Hospital  
501 E. Johnson  
PO Box 1486  
Greenfield, Texas 75043

PRN/STAT MEDICATION ADMINISTRATION RECORD

ADDRESSOGRAPH A P

JUL 1 1971

HT WT

ALLERGIES

PHYSICIAN

UNIT

UNIT

DIAGNOSIS  
MDD, nervous  
depression  
depression

Signature

PHYSICIAN

UNIT

UNIT

Signature

PHYSICIAN

UNIT

UNIT

MEDICATIONS  
DOSAGE, ROUTE, FREQUENCY

DATE  
TIME  
INIT

DATE  
TIME  
INIT

DATE  
TIME  
INIT

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INIT

Hydromed 34.5mg X2  
PO q 6 PRN for Pain

MDM 3000 PO q 6  
PRN for Leg cramps

Adril 200mg X2  
PO q 6 PRN for

Pain  
Meadox 3000 PO  
q 6 PRN

Ativan 2mg PO  
PRN q 6 for anxiety  
+ ambulation

Medrol 5mg  
PO upon arrival  
1600

Hydromed 34.5mg PO  
1600

May 1971  
1600

STAT/ONE TIME MEDICATIONS

MEDICATIONS  
DOSAGE, ROUTE, FREQUENCY

DATE  
TIME  
INIT

DATE  
TIME  
INIT

DATE  
TIME  
INIT

DATE  
TIME  
INIT

DATE  
TIME  
INIT

WHITE - CHART

CANARY - TO PHARMACY AT DISCHARGE

REFER TO ITEM 1-1201 VR-001







Glen Oaks  
Hospital

# CONTINUING CARE DISCHARGE PLANNING PART I

Case 3:10-cv-00163-N Document 42-14 Filed 05/05/10 Page 541 of 548 PageID 8999

201142 CAP

JEROME JEDIDIAH

(Please Press Hard)

ADDRESSOGRAPH

NAME <i>Jedidiah Murgely</i>	DISCHARGE DATE <i>4/6/88</i>	M.R.# <i>7272</i>
HOME ADDRESS <i>6305 FM 429 Kaufman</i>	PHYSICIAN <i>Estabrook</i>	
PATIENT TELEPHONE NUMBER <i>972 962 7443</i>	PHYSICIAN TELEPHONE #	

FINANCIAL SUPPORT EDUCATION/ VOCATIONAL PLANS	SCHOOL	WORK
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> PART-TIME
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> FULL-TIME
	<input type="checkbox"/> OTHER (PLEASE EXPLAIN)	

	NAME	ADDRESS	TELEPHONE#	DATE OF NEXT APPT.	TIME
PSYCHIATRIST					
INDIVIDUAL THERAPIST	<i>Erick Rumpel</i>	<i>658 N Rockwell St.</i>	<i>972-524-4159</i>	<i>10-11-88</i>	<i>11:00</i>
CONTINUING CARE	<i>Irrell M HARR</i>		<i>972-524-4159</i>		
FAMILY PHYSICIAN					
OTHER (FAMILY, COUPLES etc.)					

INCLUDE OTHER TREATMENT RECOMMENDATIONS SUCH AS JOURNAL WRITING, OTHER SUPPORT GROUPS, SPECIFIC EXERCISE PROGRAMS, etc. ALSO ADDRESS SOCIAL SERVICES COMPONENTS SUCH AS APPOINTMENT WITH STATE DISABILITY, THE DEPARTMENT OF SOCIAL SECURITY, WELFARE, FOODSTAMPS, etc.

GROUP / SERVICE	TIME	DAYS

PERSONS IN RECOVERY FROM CHEMICAL DEPENDENCY ARE EXPECTED TO ATTEND 90 NA OR AA MEETINGS IN THE 90 DAYS FOLLOWING DISCHARGE. A WEEKLY SCHEDULE FOLLOWS:

NA/AA SPONSOR & TELEPHONE #	NA/AA SPONSOR & TELEPHONE #
TREATMENT SUMMARY (INCLUDE DISCHARGE DIAGNOSIS) <i>Bipolar II Disorder (Depressed) Episode Severe with Suicidal features 256.85 (Glasgow-Dip. Dissociative Identity Disorder 301.40 ICD-9-40 medication management</i>	
CONTINUING CARE PLAN & MAXIMUM TREATMENT BENEFIT/DISPOSITION (HOME, OUTPATIENT, IOP, PHP, RTC, HOME HEALTH etc.)	

PROBLEM AREAS TO BE ADDRESSED IN CONTINUING CARE:	<i>suicidality &amp; psychotic features &amp; aggressive tendencies</i>
LEISURE/SOCIAL (R. INPUT):	<i>self worth, coping skills, communicating needs, chaotic background</i>
THREE MONTH GOALS FOR CONTINUING CARE:	<i>absence of suicidality &amp; aggression, reality- based thinking</i>
LEISURE/SOCIAL (R. INPUT):	<i>pt will be free from harm to self &amp; others demonstrating ability to cope w/ internal &amp; ext</i>
FAMILY/SIGNIFICANT OTHERS PARTICIPATE AS FOLLOWS:	INDIVIDUAL
OTHER (IDENTIFY)	GROUP

EB  
4/1/97



Glen Oaks  
Hospital

# CONTINUING CARE DISCHARGE PLANNING PART II

(Please Press Hard)

214112 AP  
JEDIDIAH  
JEDIDIAH

ADDRESSOGRAPH

DISCHARGE TO: Home TRANSFERRED TO: \_\_\_\_\_ DATE OF NEXT ATTENDANCE \_\_\_\_\_  
☒ ROUTINE ☐ AMA ☐ AT PATIENT'S OR FAMILY'S REQUEST ☐ OTHER (EXPLAIN) \_\_\_\_\_ TIME PATIENT LEFT HOSPITAL \_\_\_\_\_  
 TRANSPORTATION - ☐ PERSONAL CAR ☐ PARENT/RELATIVE ☐ PUBLIC ☐ SELF ☐ OTHER (EXPLAIN) \_\_\_\_\_

ACCOMPANIED BY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ I HAVE RECEIVED ALL PERSONAL ITEMS & VALUABLES - PATIENT'S INITIAL \_\_\_\_\_

MEDICATION	DOSAGE	FREQUENCY	ROUTE
Serquel 100mg	After breakfast	After lunch	
Halidol 5mg	by mouth every bedtime		
Depakote 250mg	PO BID	3X daily after meals	
Effexor XR 75mg	by mouth	After breakfast	

## PATIENT DEMONSTRATES UNDERSTANDING OR KNOWLEDGE OF:

REFERRALS OR PLACEMENT ☒ YES ☐ NO ☐ NA MEDICATIONS HAVE BEEN EXPLAINED TO MY SATISFACTION PT'S INITIAL \_\_\_\_\_  
 POTENTIAL DRUG-FOOD INTERACTION ☒ YES ☐ NO ☐ NA WHEN & HOW TO SEEK FURTHER TREATMENT ☒ YES ☐ NO ☐ NA  
 MEDICATIONS & HOW TO ADMINISTER ☒ YES ☐ NO ☐ NA FAMILY DEMONSTRATES ABILITY TO CARE FOR PT. ☒ YES ☐ NO ☐ NA  
 PT IS UNABLE. FAMILY IS KNOWLEDGABLE ☐ YES ☐ NO ☐ NA NUTRITION INTERVENTION AND/OR MODIFIED DIET ☒ YES ☐ NO ☐ NA  
 IMPORTANCE OF GETTING MEDS FILLED PRIOR TO NEXT SCHEDULED DOSAGE ☒ YES ☐ NO ☐ NA  
 IMPORTANCE OF COMMUNICATING WITH ATTENDING PHYSICIAN IF EXPERIENCING SIDE EFFECTS ☒ YES ☐ NO ☐ NA  
 MEDICAL CONDITION ☐ YES ☒ NO ☐ NA, PERTINENT LAB FINDINGS ☐ YES ☒ NO ☐ NA, OTHER FOLLOW-UP ISSUES ☐ YES ☒ NO ☐ NA  
 PRESCRIPTIONS HAVE BEEN GIVEN TO THE PATIENT ☒ YES ☐ NO ☐ NA (IF NO) EXPLAIN WHY \_\_\_\_\_  
 PRESCRIPTIONS HAVE NOT BEEN WRITTEN. \_\_\_\_\_  
 PRESCRIBED MEDICATIONS ARE AVAILABLE THROUGH INSURANCE, SELF-PAY etc. ☐ YES ☐ NO ☐ NA  
 DURING TREATMENT, PHYSICAL PROBLEMS THAT WERE IDENTIFIED CG

SPECIAL INSTRUCTIONS follow up with family MD for physical symptoms as they occur

TO WHOM? \_\_\_\_\_ PRESCRIBING M.D. \_\_\_\_\_

NURSING SUMMARY OF PATIENT'S CONDITION UPON DISCHARGE: Appears medically stable @ time of DC

I UNDERSTAND AND AGREE WITH THE PRECEDING INSTRUCTIONS		CARE MANAGER SIGNATURE	DATE
PATIENT SIGNATURE <u>[Signature]</u>	DATE <u>10/6/99</u>	T.R. SIGNATURE <u>[Signature]</u>	DATE <u>10-4-99</u>
FAMILY OR SIGNIFICANT OTHER SIGNATURE <u>[Signature]</u>	DATE <u>10/6/99</u>	MSW/THERAPIST SIGNATURE <u>[Signature]</u>	DATE <u>10/6/99</u>
R.N. SIGNATURE <u>[Signature]</u>	DATE <u>10/6/99</u>	PHYSICIAN SIGNATURE <u>William C. Smith MD</u>	DATE <u>10-6-99</u>



Glen Oaks  
Hospital

# CLOTHING AND VALUABLES LIST

Name \_\_\_\_\_ AP \_\_\_\_ YC \_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

2404442 AP

MURPHY JEDIDIAH

DR E. S. HARRIS

Item	AMT.	Description	Item	AMT.	Description
2 pc Suits			Aftershave		
Belts			Blanket		
Blouse			Brush		
Bodysuits			Cologne		
Boots			Comb		
Bras			Compact		
Caps	/		Conditioner		
Coats			Contact Kit		
Dresses			Contact Lens		
Handkerchief			Dental Floss		
Hats			Denture Cup		
Jackets			Denture-Low		
Jeans			Denture-Part		
Jumpsuits			Denture-Up		
Nightgown			Deodorant		
Pajamas...			Eyeglasses		
Pantyhose			Face Cream		
Purse			Glass Case		
Robe			Hair Bows		
Sandals	/		Hair Grease		
Shirt-Pull	/		Hair Pins		
Shirt-Sleeve	/		Hair Pick		
Shoes			Hair Spray		
Shorts			Hearing Aid		
Skirts			Lipstick		
Slacks	/		Lotion		
Slip			Makeup Kit		
Sneakers			Mirror		
Socks			Mouthwash		
Sweaters			Nail Clippers		
Sweatpants			Nail file		
Sweatshirts			Nailpolish/Rmvr.		
Swimsuits			Pencil Sharp		
T-Shirts			Perfume		
Ties			Pillow		
Underwear	/		Powder		
Vest	/		Razor		
Other			Shampoo		
			Soap		
			Sunglasses		
			Toothbrush		
			Towels		
			Tweezers		
			Wash Cloth		
			Other		

Item-General	AMT.	Description	Safe yes/no	Items-Credit/Cash Personal Items	AMT.	Description	Safe yes/no
Batteries				ATM Card			
Copier				Cash			
Book Bag				Check #    #			
Books				Check Book			
Briefcases				Coin			
Calculator				ID Card			
Cane/Walker				Insurance Cards			
Cassette Player				License			
Cassette Tapes				Money Orders			
Cigarettes/Cartron				Owners Card			
Cigarettes/Pack				Phone Card			
Clock				Credit Card			
Curling Iron				Other			
Hair Crimper							
Hair Dryer							
Hangers							
Magazines							
Picture Frame							
Radio/Model							
Schoolbag							
Sew/Kit Needles							
Suitcases							
Tote bag							
Veo Tapes							
Walkman/Model							
Other							
Jewelry	AMT.	Description	Safe yes/no	Contraband	AMT.	Description	Safe yes/no
Bracelet				Aerosol Can			
Brooch				Car/House Key			
Cross				Glass Vases			
Earrings				Gun			
Nacklace				Illegal Drug			
Pin				Knife			
Rings				Lighter			
Watch				Matches			
Other				Needles			
				Scissors			
				Weapon			
				Other			

Glen Oaks Hospital is not responsible for any items misplaced or lost during hospitalization. Personal property that is maintained by the hospital is listed on "Clothing and valuables list" and is placed in the hospital safe.

**8.23.99**

8-23-99

9 2 6

Parent/Guardian on Admission

*Compu. K. M. Wit.*

Witness of Admission

Date \_\_\_\_\_

معاون

Kimmy  
Patient/Parent/Guardian on Discharge

Witness on Discharge

Date \_\_\_\_\_

Date



Glen Oaks  
Hospital

# CLOTHING AND VALUABLES LIST

Name \_\_\_\_\_ AP \_\_\_\_\_ YC \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

2434442

AP

MURPHY JEDIDIAH

DR ESTERHARZ  
DR ESTERHARZ

Item	AMT.	Description	Item	AMT.	Description
2 pc Suits			Aftershave		
Belts			Blanket		
Blouse			Brush		
Bodysuits			Cologne		
Boots			Comb		
Bras			Compact		
Caps			Conditioner		
Coats			Contact Kit		
Dresses			Contact Lens		
Handkerchief			Dental Floss		
Hats			Denture Cup		
Jackets			Denture-Low		
Jeans	1		Denture-Part		
Jumpsuits			Denture-Up		
Nightgown			Deodorant		
Pajamas			Eyeglasses		
Pantyhose			Face Cream		
Purse			Glass Case		
Robe			Hair Bows		
Sandals			Hair Grease		
Shirt-Pull	2		Hair Pins		
Shirt-Sleeve	1		Hair Pick		
Shoes			Hair Spray		
Shorts	1		Hearing Aid		
Skirts			Lipstick		
Slacks			Lotion		
Slip			Makeup Kit		
Sneakers			Mirror		
Socks			Mouthwash		
Sweaters			Nail Clippers		
Sweatpants	1		Nail file		
Sweatshirts	1		Nailpolish/Rmvr.		
Swimsuits			Pencil Sharp		
T-Shirts	2		Perfume		
Ties			Pillow		
Underwear	3		Powder		
Vest			Razor		
Other			Shampoo		
			Soap		
			Sunglasses		
			Toothbrush		
			Towels		
			Tweezers		
			Wash Cloth		
			Other		

Item-General		AMT.	Description	Safe yes/no	Items-Credit/Cash Personal Items	AMT.	Description	Safe yes/no
Batteries					ATM Card			
Beeper					Cash			
Book Bag					Check # # \$5.00			
Books					Check Book			
Briefcases					Coin			
Calculator					ID Card			
Cane/Walker					Insurance Cards			
Cassette Player					License			
Cassette Tapes					Money Orders			
Cigarettes/Carton					Owners Card			
Cigarettes/Pack 2					Phone Card			
Clock					Credit Card			
Curling Iron					Other			
Hair Crimper								
Hair Dryer								
Hangers								
Magazines								
Picture Frame								
Radio/Model								
Schoolbag								
Sew/Kit Needles								
Suitcases								
Tote bag								
Video Tapes								
Walkman/Model								
Other								
Jewelry	AMT.	Description	Safe yes/no	Contraband	AMT.	Description	Safe yes/no	
Bracelet				Aerosol Can				
Brooch				Car/House Key				
Cross				Glass Vases				
Earrings				Gun				
Nacklace				Illegal Drug				
Pin				Knife				
Rings				Lighter				
Watch				Matches				
Other				Needles				
				Scissors				
				Weapon				
				Other				

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5 2359

\_\_\_\_\_  
Parent/Guardian on Admission

\_\_\_\_\_  
Address of Admission

10-3-99  
Date

10-3-99  
Date

\_\_\_\_\_  
Patient/Parent/Guardian on Discharge

\_\_\_\_\_  
Witness on Discharge



Signature of Depositor\_\_\_\_\_

Received by

Date

19

Contents to be surrendered to owner only after signature on depositor's receipt has been witnessed and compared by custodian.

# CONTENTS

(To be listed at option of depositor)

# Insurance Check

152249

Received 4-12-99

Registered Mail



Reporter's Certificate

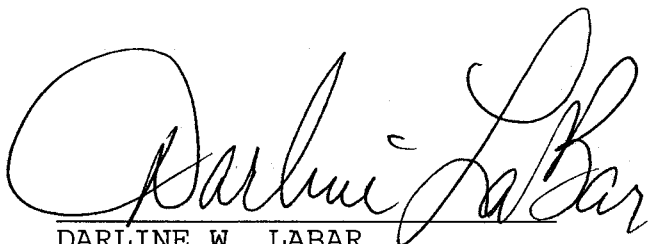
STATE OF TEXAS:

COUNTY OF DALLAS:

I, Darline W. LaBar, Official Court Reporter of the 194th Judicial District Court, in and for Dallas County, Texas do hereby certify that the foregoing volume constitutes a true, complete and correct transcript of all portions of evidence and other proceedings requested in writing by counsel for the parties to be included in the statement of facts, in the above styled and numbered cause, all of which occurred in open court or in chambers and were reported by me.

I further certify that this transcription of the record of the proceedings truly and correctly reflects the exhibits, if any, offered by the respective parties.

Witness my hand this the 27th day of November, A.D., 2001.



DARLINE W. LABAR  
Official Court Reporter  
194th Judicial District Court  
Dallas County, Texas  
(214) 653-5803

Certification No. 1064 Expires December 31, 2002